



REQUEST FOR QUOTATION
No. RFQ- 2024-510

Date: _____
Name of Supplier: _____
Address: _____
Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement -
Negotiated Procurement **on or before September 16, 2024.**

Please fax your quotation at 588-9997 or email at danilonrodriguez@gmail.com/ pcmcproc@gmail.com / Attention: _____

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	5	pc	Cellsite Small Profile 6.5 pur ST305H	21,000.00	105,000.00				
2	5	pc	Cellsite Small Profile 8.5 pur ST305H	21,000.00	105,000.00				
					210,000.00				

PCMC Requirement:	<i>Please indicate below your delivery period in number of days.</i>
Delivery Period:	

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry
Staggered Delivery and Staggered Payment for CY-2024

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#:

Mayor's/ Business Permit

PhilGEPS Reg. No

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

11241258 9/12 - 9/16/2024

Atkinson

9-17-2024

Signature over Printed Name
Name of Supplier _____

For Certificate of Creditable Tax Withheld at Source (BIR Form N. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated **BIR Certificate of Registration (BIR Form N. 2303) together with your quote.*