



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-543

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 Small Value on or before September 23,2024

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com / Attention: Agnes S.Enero

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER		
						BRAND/ PACKAGING	UNIT COST	TOTAL COST
1	1	pc	HD White Projector Screen with Stand 100" x 100"	9,995.00	9,995.00			
2	1	pc	Portable Smartphone/DSLR Teleprompter, Fits All Smartphones/Tablets up to 11", iOS and Android App Control	7,000.00	7,000.00			
3	2	pc	Printer Laser, Color LED Multi-Fuction Center with Network Connectivity, Automatic 2-side Color Print, ADF - Multi-page Scan, Copy, Fax, High Productivity with Fast Print Speeds & Multi-tasking, Low Cost Quality Print Resolution with Affordable Toner	26,000.00	52,000.00			
TOTAL ABC					68,995.00			

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

Terms and Conditions:

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: _____

PhilGEPS Reg. No

Mayor's/ Business Permit

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

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 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.*