



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-578

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 October 4, 2024.

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

Table with 10 columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, BRAND/PACKAGING, MANUFACTURER, UNIT COST, TOTAL COST. Includes rows for drainage sets and catheters, and a summary row.

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

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]

Handwritten signature and date: 9-30-2024

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.