



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-585

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 (53.9) on or before October 07, 2024.

Please fax your quotation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o MARY ROSE P. ESTOR

Table with 9 columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, SUPPLIER'S OFFER, UNIT COST, TOTAL COST. Contains 9 rows of item specifications and a total row.

Table with 2 columns: PCMC Requirement: and 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 or longer expiry

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref No. :

Mayor'/Business Permit:

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

Handwritten signature and date: 10-1-2024

Signature over Printed Name

Name of Supplier

PDAL-PCMC-RQF3

050422 Rev 2

*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.