

PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City **ALTERNATIVE MODE**

REQUEST FOR QUOTATION No. RFQ-2024-593

Date:				
Name of Supplie	r:			
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 OCTOBER 09, 2024 .

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com / Attention: MS. LOVELY M. ALGODON

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER		
	QII					BRAND/ SPECS	UNIT COST	TOTAL COST
			Supply and Delivery of					
1	36	lot	Cellular Communications / Post	15,000.00	540,000.00			
			Paid Plan with free Smart Phone					
			for Twenty Four (24) Months (Renewal)				
			TECHNICAL REQUIREMENTS					
			» Each mobile postpaid plan should include the following specifications:					
			• Equipped with 5G SIMSs					
			• Unlimited call, text, and landline to					
			• With free data/mobile internet					
			• Smartphone handset with front and					
			» Mobile postpaid plan subscription for					
			» 24 x 7 Technical support reliable cust					
			support and product enhancement					
			TOTAL ABC		540,000.00			

540,000.00

Please indicate your Delivery Terms (in number of days)

Delivery Period:

Documentary Requirements: Nego. Proc (53.9) - Small Value PhilGEPS Ref #: 11320417

Mayor's/ Business Permit PhilGEPS Reg. No ITR [for ABC above 500k] Omnibus Sworn Statement [for ABC above 50k]

Signature over Printed Name Name of Supplier

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