



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-594

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 **October 9,2024**

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	6	pc	Chair, Clerical Continuous mid-back, mesh with armrest, gaslift, chrome base with caster wheel, color: black	3,000.00	18,000.00			
2	10	pc	Chair, Visitor without armrest, padded seat and mesh back, 4 legged-metal base, fabric, foam, color: black	2,999.00	29,990.00			
3	1	pc	Telephone Cordless Digital with 2 Handsets, color: Black	4,250.00	4,250.00			
TOTAL ABC					52,240.00			

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

Warranty:

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]

 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.

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