



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

REQUEST FOR QUOTATION

No. RFQ-2024-595

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	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					52,000.00			

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.*