



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-612

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 17, 2024.**

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	12900	pc	Evacuated tube, Red Top 4ml, 100s Glass	4.28	55,212.00			
TOTAL ABC					55,212.00			

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

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]

10-14-2024

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.*