



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

REQUEST FOR QUOTATION  
No. RFQ-2024-636

Date: \_\_\_\_\_  
Name of Supplier: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement -

**Negotiated- Procurement Emergency on or before November 4, 2024**

Please fax your quotation at 588-9997 or email at [pcmcproc@gmail.com](mailto:pcmcproc@gmail.com) / Attention: AGNES S. ENERO

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER			
						BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	114	vl	Ioversol 741mg/ml (350mg/ml iodine) 50ml	2,000	228,000.00				
<b>TOTAL ABC</b>					<b>228,000.00</b>				
<b>PCMC Requirement:</b>						<i>Please indicate below your delivery period in number of days.</i>			
<b>Delivery Period: 7 Working days upon receipt of Purchase Order</b>									

**Terms and Conditions:**

Supplies to be delivered should have at least one (1) year and longer expiry  
Staggered delivery/payment

**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]

*AMT*  
10-29-2024

\_\_\_\_\_  
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.