



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

**ALTERNATIVE MODE**

REQUEST FOR QUOTATION

**No. RFQ-2024-642**

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 November 5, 2024.**

Please **fax your quotation at 8588-9997 / 8924-0840** or email at **pcmcproc@gmail.com** c/o **JULIUS LUCAS**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
1	14,658	cont	Water, purified, round container, 5gal/cont.	35.00	513,030.00			

**TOTAL ABC**

**513,030.00**

PCMC Requirement:	Please indicate below your delivery period in number of days.
Delivery Period: <b>Seven (7) working days.</b>	

**Terms of Reference:**

1. Provision of dispenser - 46 units.
2. Dispenser with stand, for cold water only.
3. Dispenser is on loan only, supplier to replace within 24 hours any defective dispenser units.
4. Submission of result of water test analysis by a 3rd party laboratory every month.
5. Staggered delivery/payment.
6. Delivery: Weekly per Delivery Order Slip (DOS).
7. Schedule of Delivery: Weekly every Monday 8:00 to 12:00 noon or as needed per DOS.
8. Empty containers will be returned during delivery (swapping empty for full).
9. Delivery will be at the Materials Management Division (MMD).

*Cont 10-30-2024*

**Documentary Requirements:**

Nego. Proc (53.9) - Small Value

PhilGEPS Ref. #: 11421667

Mayor's/ Business Permit

PhilGEPS Reg. No.:

Omnibus Sworn Statement [for ABC above 50k]

ITR [for ABC above 500k]

\_\_\_\_\_  
\_\_\_\_\_  
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.