



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

REQUEST FOR QUOTATION
No. RFQ-2024-639

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 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	Pressure Manometer, Negative	19,500.00	117,000.00			
2	6	pc	Pressure Manometer, Positive	19,500.00	117,000.00			
TOTAL ABC					234,000.00			

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

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]

Ant
10-30-2024

 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.*