



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

REQUEST FOR QUOTATION
No. RFQ- 2024-701

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 (NP 53.9) on or before December 09, 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	200	pc	Catheter, Foley Balloon 2-way Fr 08	25.00	5,000.00			
2	5,200	pr	Gloves, Surgical Sterile, powder-free 7.0	12.11	62,972.00			
3	8,400	pc	IV Catheter g24	30.00	252,000.00			
TOTAL ABC					319,972.00			

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]

CMC
12-4-2024

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.*