



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2025-023

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 January 27, 2025.

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	5,500	cont	Water, purified, round container, 5gal/cont. (for patient use only)	35.00	192,500.00			
TOTAL ABC					192,500.00			

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

TERMS OF REFERENCE CY 2025:

1. Delivery of water, purified in clear round container, 5 gal/container.
2. Provide initial 46 units water dispenser, free of charge (attached list of distribution).
 - 2.1 Specifications of water dispenser, top load with stand, for cold water only.
 - 2.2 Water dispenser is owned by the winning supplier, as such supplier to replace within 24 hours any defective dispenser units.
3. Free use of water containers, for pull out during delivery (swapping empty for full).
4. To conduct monthly check up of the deployed water dispenser and replace defective units.
5. Monthly submission of microbiological water test analysis by a 3rd party water testing laboratory.

DELIVERY & PAYMENT:

1. Staggered delivery, staggered payment.
2. Schedule of Delivery: Weekly every Monday 8:00am to 12:00nn. Or as needed per DOS.
3. Estimated quantity per week: 400 gals (quantity may increase or decrease depending on the actual requirements of the hospital).
4. Place of delivery will be at the Materials Management Division.
5. Payment will be upon full delivery of D.O.S. & upon submission of sales invoice and laboratory test result.

Documentary Requirements:

- Nego. Proc (53.9) - Small Value
- PhilGEPS Ref. # **11679573**
- Mayor's/ Business Permit
- PhilGEPS Reg. No.:
- Omnibus Sworn Statement [for ABC above 50k]
- ITR [for ABC above 500k]

Handwritten signature and date: 1-21-2025

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.