



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2025-060

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 on or before **February 17, 2025.**

Please fax your quotation at 588-9997 or email at danilonrodriguez@gmail.com/ pcmcproc@gmail.com / Attention: _____

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	8	rl	Thermal paper MMM	7500	60,000.00				
					60,000.00				
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 and longer expiry
 Staggered Delivery and Staggered Payment for C'Y-2025

Documentary Requirements:

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

mtt 2-12-2025

 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.*