

## PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City
ALTERNATIVE MODE

## REQUEST FOR QUOTATION No. RFQ- 2025-077

Name of Supplier: Address: Telephone No.									
Nego	otiated Pr	ocurer	owest price as per specifications per iter ment on or before February 25, 202 otation at 588-9997 or email at danilo	<u>5.</u>		proc@gmail.	com / Attention		
NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTUR ER	COST	TOTAL COST
1	1	рс	Bioprostetic (Porcine) Aortic Valve size 21	100000	100,000.00				
					100,000.00				
PCMC Requirement:						Please indicate below your delivery period in number of days.			
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 CY-2025									
Documentary Requirements:  Nego. Proc (53.9) - Small Value PhilGEPS Ref#:  Mayor's/ Business Permit PhilGEPS Reg. No  II 79 610 6  Z 22 - 2 25 25									
ITR [for ABC above 500k] Omnibus Sworn Statement [for ABC above 50k]						2-21-2025			
	ture over I		Name						

\*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 <u>BIR Certificate of Registration (BIR Form N. 2303)</u> together with your quote.

PDAL-PCMC-RQF3 050422 Rev 2

Date: