



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2025-087

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 **MARCH 03, 2025** .

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com / Attention: **MS. LOVELY M. ALGODON**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER		
						BRAND/ Specifications	UNIT COST	TOTAL COST
1	1	pc	Carbon Granulated, 10" SL X	500.00	500.00			
2	1000	pc	Transducer for bloodlines	60.00	60,000.00			
3	1	pc	Water Softener, 10" SL X	450.00	450.00			
TOTAL ABC					60,950.00			

Please indicate your Delivery Terms (in number of days)

Delivery Period:

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref #: **11816578**

Mayor's/ Business Permit

PhilGEPS Reg. No

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

MS 2-27-2025

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.