



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2025-097

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 March 7, 2025.

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

Table with 10 columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, BRAND/PACKAGING, MANUFACTURER, UNIT COST, TOTAL COST. Contains 7 rows of item specifications.

281,240.00

Table with 2 columns: PCMC Requirement: and Delivery Period: with a note to indicate delivery period in number of days.

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

Handwritten signature and date 8-4-2025

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.