



PHILIPPINE CHILDREN'S MEDICAL CENTER  
Quezon Avenue, Quezon City  
ALTERNATIVE MODE

REQUEST FOR QUOTATION  
No. RFQ-2025-110

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 12,2025**

Please **fax your quotation at 588-9997** or email at **pcmcproc@gmail.com / Attention: Agnes S.Enero**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER		
						BRAND/ PACKAGING	UNIT COST	TOTAL COST
1	20	pc	Cot, Heavy Duty	7,410.00	148,200.00			

**TOTAL ABC**

**148,200.00**

<b>PCMC Requirement:</b>	<i>Please indicate below your delivery period in number of days.</i>
<b>Delivery Period:</b>	

**Terms and Conditions:**

**Documentary Requirements:**

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: \_\_\_\_\_

PhilGEPS Reg. No

Mayor's/ Business Permit

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

*Handwritten:* 3-7-2025

\_\_\_\_\_  
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.*