



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

REQUEST FOR QUOTATION
No. RFQ-2025-111

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 **pemcproc@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	4	set	BP Apparatus Digital Handheld	13,500.00	54,000.00			
TOTAL ABC					54,000.00			

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

Terms and Conditions:

Documentary Requirements:

- Neg. Proc. (539) - Small Value
- PhilG/PS Ref.
- PhilG/PS Reg. No.
- Mayor's Business Permit
- TFR [for ABC above 50k]
- Ombuds Sworn Statement [for ABC above 50k]

Handwritten signature and date: 3-7-2025

Signature over Printed Name
 Name of Supplier

*For contracts with total price of more than one million (P1,000,000.00) and above, the bidder shall submit a duly authenticated copy of the BIR Certificate of Registration (BIR Form No. 2303) together with a copy of the