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

REQUEST FOR QUOTATION
No. RFQ-2025-134

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 18, 2025**.

Please **fax your quotation at 8588-9997** or email at **procurement@pcmc.gov.ph / Attention: MS. LOVELY M. ALGODON**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	
						UNIT COST	TOTAL COST
1	300	pc	Clinical Pocket Guide for Pediatric Nurses,	300.00	90,000.00		
			8x18cm (folded), 16x18cm (spread),				
			150 pages excluding cover, ring bind,				
			full colored print and lamination				
			TOTAL ABC		**90,000.00**		

Documentary Requirements:
Nego. Proc (53.9) - Small Value
PhilGEPS Ref #: **11883669**
Mayor's/Business Permit
PhilGEPS Reg. No.
ITR [for ABC above 500k]
Omnibus Sworn Statement [for ABC above 50k]

3-14-2025

_____
_____
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.*