



REQUEST FOR QUOTATION
No. RFQ-2021- 366

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 September 10, 2021.**

Please **fax your quotation at 588-9997** or email at **pcmcproc@gmail.com**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	UNIT COST	TOTAL COST
1	2	kt	Anti-nuclear Antibody test	27,500.00	55,000.00			
2	60	pc	Bag, Plastic Pouch for Anaerobic 20's	400.00	24,000.00			
3	1	kt	Catalase Test	4,175.00	4,175.00			
4	40	bt	Diluent,0.45% Sodium Chloride 500mL(0.45% NaCL)	900.00	36,000.00			
5	75	pc	Fecal Parasite Concentrate	95.00	7,125.00			
6	30	pc	Sensitivity Strip Ceftazidime	700.00	21,000.00			
7	1	pk	Strip, Anaerobic Indicator 50s	4,200.00	4,200.00			
8	2	kt	TPPA(Treponema Palidum Agglutination Test)	6,400.00	12,800.00			
9	1	ctg	V Factor for Hemophilus	850.00	850.00			
10	1	vl	Typing sera, anti-D (IgG), weak D, 10mL	241.07	241.07			

TOTAL ABC

165,391.07

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry
Staggered Delivery and Staggered Payment for CY-2021

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: _____

Mayor's/ Business Permit

PhilGEPS Reg. No

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

Signature over Printed Name

Name of Supplier _____

h- 9/4/21

HSPR-PCMC-RQF3

170314 Rev 1

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.*