



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City
Tel. No. 588-9900 local 224/226

**REQUEST FOR QUOTATION
No. RFQ-2021-370**

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 15, 2021.**

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com.ph / Attention: YASMIN V. TIU

ITEM	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	500	bt	AlOH MgOH susp bt 225+200mg/5mL, 120mL	51.00	25,500.00				
2	50	tbe	Clotrimazole 1% cream 10g	60.00	3,000.00				
3	6,000	tab	Ferrous Salt tab equiv 65mg EI	2.00	12,000.00				
4	1,000	cap	Malunggay cap 300mg(Moringa Oleifera) blister/foil pack	3.30	3,300.00				
5	50	amp	Methylergometrine Maleate amp 200mcg/mL, 1mL (IM,IV)	18.26	913.00				
6	600	sach et	Sevelamer Carbonate 800mg powder for suspension	87.00	52,200.00				

The following items are VAT-EXEMPT; Price offer must be NET of VAT

7	12,000	tab	Amlodipine Besylate tab 10mg blister/foil pack	1.00	12,000.00				
8	2,500	cap	Amoxicillin Trihyd cap 500mg blister/foil pack	1.50	3,750.00				
9	200	tab	Levofloxacin tab 500 mg	8.80	1,760.00				
10	700	tab	Simvastatin tab 40mg	4.00	2,800.00				

TOTAL ABC

117,223.00

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry

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 _____

n 9/8/21

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.