



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City
Tel. No. 588-9900 local 224/226

Philgeps: 83725 24
1/25-1/29/22

REQUEST FOR QUOTATION
No. RFQ-2022-047

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 January 28, 2022.

Please fax your quotation at 8-588-9997 or email at danilonrodriguez@gmail.com or pcmcproc@gmail.com

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	UNIT COST	TOTAL COST
1	8	pc	Oxygenator with tubing set for pedia 14 kgs and below (oxygenation system and CPB tubing set)	28,000.00	224,000.00			
2	5	pc	Oxygenator with tubing set for pedia 15-24 kgs and below (oxygenation system and CPB tubing set)	30,000.00	150,000.00			
3	2	pc	Oxygenator with tubing set for pedia 25-50 kgs and below (oxygenation system and CPB tubing set)	30,000.00	60,000.00			
TOTAL ABC					434,000.00			

Delivery Period: 7 working days
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Terms and Conditions:

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

Staggered Delivery and Staggered Payment for CY-2022 *mf*

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 500k]

Signature over Printed Name
Name of Supplier _____

mf

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.