



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

REQUEST FOR QUOTATION
No. RFQ-2022-079

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 February 21, 2022 @ 8:00AM.**

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
The following item is VAT - EXEMPT, price offered/quoted must be NET of VAT.									
1	100	vl	Tocilizumab 20mg/mL, 4mL Solution for Infusion (IV) vial	7,473.21	747,321.00				
TOTAL ABC					<u>747,321.00</u>				

PCMC Requirement:	<i>Please indicate below your delivery period in number of days.</i>
Delivery Period: Staggered Delivery / 7 days upon receipt of Delivery Order Slip	

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#: 8435078

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 _____

HSPR-PCMC-RQF3
170314 Rev 1

Handwritten initials

*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.