



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

REQUEST FOR QUOTATION
No. RFQ-2022-111

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 March 17, 2022.**

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 offer/quote must be NET of VAT.									
1	60	vl	Vasopressin 20 IU/mL 1mL	1,490.00	89,400.00				
TOTAL ABC					<u>89,400.00</u>				

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

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

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: 8579369

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

*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.