

## PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City ALTERNATIVE MODE

## REQUEST FOR QUOTATION No. RFQ-2022-228

| Date   | 9:            |            |  |                     |                   |   |                |           |            |
|--|---------------|------------|--|---------------------|-------------------|---|----------------|-----------|------------|
| Nam  | e of S        | upplier:   |  |                     |                   |   |                |           |            |
| Add  | ress:         |            |  |                     |                   |   |                |           |            |
| Tele   | phone         | No.        |  |                     |                   |   |                |           |            |
| Plea   | se quo        | te your    | owest price as per specifications pe               | r item listed below | thru Alternative  | Mode of Pro   | curement -     |           |            |
|  |               |            | ement on or before May 24, 2022                    |                     |                   |   |                |           |            |
| Plea   | se <b>fax</b> | your que   | otation at 588-9997 or email at pcn                | ncproc@gmail.com    | n / Attention: Y/ | ASMIN V. TIU  | - yastiu@gmail | .com      |            |
| ITEM<br>NO.  | QTY           | UNIT       | DESCRIPTION  | ABC/UNIT            | TOTAL ABC         | BRAND/<br>PACKAGING                                       | MANUFACTURER   | UNIT COST | TOTAL COST |
| The  | follo         | owing i    | tems are VAT - EXEMPT, pric                        | e offered/quo       | ted must be i     | NET of VAT  | •              |           |            |
| 1  | 5             | vl         | Rituximab 500mg inj. 50mL vial                     | 40,757.00           | 203,785.00        |   |                |           |            |
| 2  | 810           | sachet     | Sevelamer Carbonate 800mg<br>powder for suspension | 38.78               | 31,411.80         |   |                |           |            |
|  |               |            | TOTAL ABC  |                     | 235,196.80        |   |                |           |            |
| PCMC Requirement:  |               |            |  |                     |                   | Please indicate below your delivery period in number of d |                |           |            |
| Delivery Period: 7 Working days upon receipt of Purchase Order               |               |            |  |                     |                   |   |                |           |            |
|  |               |            |  |                     |                   | 1   |                |           |            |
| Terms and Conditions:  |               |            |  |                     |                   |   |                |           |            |
| Supplies to be delivered should have at least one (1) year and longer expiry |               |            |  |                     |                   |   |                |           |            |
| Documentary Requirements:  |               |            |  |                     |                   |   |                |           |            |
| Nego. Proc (53.2) - Emergency  |               |            |  |                     |                   |   |                |           |            |
| Mayor's/ Business Permit   |               |            |  |                     |                   |   |                |           |            |
|  |               |            |  |                     |                   |   |                |           | -1         |
|  |               |            |  |                     |                   |   |                |           |            |
| Signa  | ture ov       | er Printed | Name   |                     |                   |   |                |           |            |
|  | of Sup        |            |  |                     |                   |   |                |           |            |
|  |               |            |  |                     |                   |   |                |           |            |
|  |               |            |  |                     |                   |   |                |           |            |

\*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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.

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