



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

REQUEST FOR QUOTATION
No. RFQ-2022-229

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 May 24, 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
1	40	bt	Levofloxacin 5mg/mL 0.5% ophthalmic solution	371.25	14,850.00				
2	500	vl	Sodium Bicarbonate vl 1mEq/mL, 50mL (IV inf)	487.83	243,915.00				
TOTAL ABC					258,765.00				

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

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

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Signature over Printed Name
Name of Supplier _____

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.*