



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

REQUEST FOR QUOTATION
No. RFQ-2022-431

9007404

9/13-16/22

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 **September 23, 2022.**

Please fax your quotation at 8-588-9997 or email at danllonrodriguez@gmail.com or pcmcproc@gmail.com/
Attention:

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	3	pc	Gauge, Oxygen for Pipe-in 0-15 LPM	8,000.00	24,000.00				
2	3	pc	Gauge, Oxygen for Tank 0-15 LPM	8,000.00	24,000.00				
3	6	pc	Ovum Forcep, 9 1/2"	1,200.00	7,200.00				
4	27	pc	Scissors, Ordinary, Surgical 5 1/2"	1,000.00	27,000.00				
5	6	pc	Sponge Forcep, 9 1/2"	1,200.00	7,200.00				
6	27	pc	Thumb Forcep, 7"	1,000.00	27,000.00				
7	17	pc	Tray, stainless, 9 1/2" x 11 3/4" x 4" (w,l,h)	800.00	13,600.00				
8	10	pc	Tray, stainless, 9 3/4" X 12" X 1 1/4" (w,l,h)	800.00	8,000.00				
			TOTAL ABC		138,000.00				

PCMC Requirement:

Please indicate below your delivery period in number of days

Delivery Period:

Terms and Conditions:

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 _____

*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.