



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

REQUEST FOR QUOTATION
No. RFQ-2022-676

Philips: 932 2465
12/7 - 12/12/22

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 December 9, 2022.

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	30	pc	IV Stand	3,000.00	90,000.00				
2	10	pc	Stethoscope Neonate	7,000.00	70,000.00				
3	23	pc	Gauge, Oxygen for Pipe-In 0-15 LPM	8,000.00	184,000.00				
4	23	pc	Gauge, Oxygen for Tank	8,000.00	184,000.00				
5	16	pc	IV Tray	2,000.00	32,000.00				
6	16	pc	Medication Tray	2,000.00	32,000.00				
7	10	pc	Resuscitator Adult	4,000.00	40,000.00				
8	4	pc	Resuscitator Neonate	4,000.00	16,000.00				
9	10	pc	Resuscitator Pedia	4,000.00	40,000.00				
10	16	pc	Suction Machine Portable	9,000.00	144,000.00				
11	8	pc	Thermometer infrared Type	2,000.00	16,000.00				
					848,000.00				

PCMC Requirement:	<i>Please indicate below your delivery period in number of days</i>
Delivery Period:	
Warranty:	

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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.*

PDAL-PCMC-RQF3
050422 Rev 2

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