



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

REQUEST FOR QUOTATION  
No. RFQ- 2023-266

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 2, 2023.**

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	5	pk	Colostomy kit for little Ones Transparent pouch 32mm	484.00	2,420.00				
2	5	pc	Double Lumen, Vascular Access Fr. 11.5, 13cm	2,800.00	14,000.00				
3	5	pc	Double Lumen, Vascular Access Fr. 11.5, 15cm	2,800.00	14,000.00				
4	5	pc	Double Lumen, Vascular Access Fr. 11.5, 16cm	2,800.00	14,000.00				
5	5	pc	Double Lumen, Vascular Access Fr. 8, 12cm	2,800.00	14,000.00				
6	5	pc	Double Lumen, Vascular Access Fr. 8.5, 13cm	2,800.00	14,000.00				
7	5	pc	Double Lumen, Vascular Access Fr. 8.5, 16cm	3,088.00	15,440.00				
<b>TOTAL ABC</b>					<b>87,860.00</b>				

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

**Terms and Conditions:**

Supplies to be delivered should have at least one (1) year and longer expiry  
Staggered Delivery and Staggered Payment for CY-2023

**Documentary Requirements:**

Nego. Proc (53.9) - Small Value  
PhilGEPS Ref#:  
Mayor's/ Business Permit  
PhilGEPS Reg. No

9700289 4/28 - 5/2/23

\_\_\_\_\_  
Signature over Printed Name  
Name of Supplier \_\_\_\_\_

*M*

\*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.