



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

**REQUEST FOR QUOTATION**

**No. RFQ-2023-717**

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 November 3, 2023**

Please fax your quotation at 588-9997 or email at [pcmcproc@gmail.com](mailto:pcmcproc@gmail.com) / Attention: **Al Menor**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	Supplier's Offer		
						BRAND/ Specifications	UNIT COST	TOTAL COST
			Replacement for Ten (10) units Cardiac Monitor located at 1B (2), 2B(1), ER(1), NBS(1), CNS(1) and Isolation Ward(4)					
1	10	pc	Integral ECG cable and leadwires, for 5 leads, grabber type and reusable	13,500.00	135,000.00			
2	10	pc	NIBP Hose, dual and reusable	11,500.00	115,000.00			
3	10	pc	NIBP Pediatric Cuff, 18cm-26cm, dual tube with luer lock	1,850.00	18,500.00			
4	10	pc	Spo2 Interconnect Cable, reusable	12,000.00	120,000.00			
5	10	pc	Spo2 Sensor, pediatric clip type, reusable	8,500.00	85,000.00			
			- for GE B30 or compatibility					
<b>TOTAL ABC</b>					<b>473,500.00</b>			

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

**Terms and Conditions:**

**Documentary Requirements:**

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: \_\_\_\_\_

PhilGEPS Reg. No

Mayor's/ Business Permit

ITR [for ABC above 500k] not required

Omnibus Sworn Statement [for ABC above 500k] not required

*Amn*

\_\_\_\_\_  
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.*