

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFQ- 2024-041

Date: Name of Supplier: Address: Telephone No.				-					
Nego	tiated P	rocure	owest price as per specifications per item ment on or before <u>January 29, 2024.</u>						
ITEM NO.	QTY	UNIT	ptation at 588-9997 or email at danilon DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTUR ER	UNIT	TOTAL COST
1	1	pc	Guidewire Synchro 2 0.14in X 200cm	22,000.00	22,000.00	TAGLAGIA			
2	1	pc	Guidewire Transcend EX 014 205cm Soft Tip	15,000.00	15,000.00				
3	1	pc	Microcatheter Excelsion SL, Straight, 2 tip marker 150cm	30,000.00	30,000.00				
					67,000,00				
PCMC Requirement: Please indicate below your delivery period in num									in number of days.
Deliv	ery Pei	íod:							
Terms and Conditions: Supplies to be delivered should have at least one (1) year and longer Staggered Delivery and Staggered Payment for CY-2024 Documentary Requirements: Nego. Proc (53.9) - Small Value PhilGEPS Ref#: Mayor's/ Business Permit PhilGEPS Reg. No								Mort 1-23-2024	
	ure over I		Tame						

*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