

**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City

**ALTERNATIVE MODE**

**REQUEST FOR QUOTATION**

**No. RFQ-2024-047**

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 February 09, 2024**

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
1	lot		Supply of labor, tools, parts and materials for preventive maintenance service, calibration and installation of the replacement for the consumable parts of Laminar Flow at Cancer and Hema Center	180,208.00	180,208.00			
			<i>Parts to be replaced:</i>					
1	pc		Black O-Ring					
2	pc		Container, for Sharps					
1	pk		Pre-Filter					
1	pair		Sleeve, White					
			<i>Others:</i>					
1	lot		Calibration					
			<i>Scope of work</i>					
			Hepa Filter Leak Test					
			Downflow Velocity Test					
			Main Chamber Static Pressure test					
			Pass Triugh Chamber Pressure Test					
			Chamber Static Pressure Test					
			Chamber Static Pressure Test ( Open Inner Door )					
			Chamber Dynamic Pressure Test					
			Work Chamber Sterility Test					
			Transfer Camber Sterility Test					
			Product Ingress and Egress Test					
			Smoke Pattern Test					

*AM*  
1-30-2024

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Table with columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, BRAND/Specifications, UNIT COST, TOTAL COST. Rows include Noise Level Test, Light Intensity Test, Waste Removal from dispossable bins.

TOTAL ABC

180,208.00

PCMC Requirement:

Please indicate below your delivery period in number of days.

Delivery Period:

Terms and Conditions:

Documentary Requirements:

Shopping (52.1b)

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

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

Handwritten signature and date: 1-30-2024