



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-059

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 12, 2024.**

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	5	kit	Catheter, Central Venous Single Lumen	1,800.00	9,000.00				
2	17	pk	Filter paper, for neonatal incubator	6,000.00	102,000.00				
3	50	pc	Suture, Silk 3.0 atraumatic with round needle (1)	59.40	2,970.00				
4	1,000	pc	Tube, Feeding Fr 05 38/40 cm with calibration	50.00	50,000.00				
5	1,000	pc	Tube, Feeding Fr 08 38/40 cm with calibration	50.00	50,000.00				
6	30	pc	TUBINGS, PATIENT CIRCUIT FOR INFANT WARMER (FISHER&PAYKEL)	1,200.00	36,000.00				
					249,970.00				

PCMC Requirement:

Please indicate below your delivery period in number of days.

Delivery Period:

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry 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

10537021

2/8 - 2/12/24

Cont 2-7-2024

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.