



**REQUEST FOR QUOTATION**  
**No. RFQ-2024-240**

Date: \_\_\_\_\_  
Name of Supplier: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement -

**Negotiated Procurement -Emergency Case on or before May 14, 2024.**

Please fax your quotation at 588-9997 or email at [pcmcproc@gmail.com](mailto:pcmcproc@gmail.com) / Attention: AGNES S. ENERO

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER			
						BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	2,500	tab	Ferrous Salt tab equiv 60/65mg EI	1.32	3,300.00				
2	180	supp	Glycerol Infant supp 1.9g	3.85	693.00				
3	30	bt	Povidone Iodine Oral Soln 1% bt 60mL	88.75	2,662.50				
<b>Items # 4 and 5 are VAT - EXEMPT. Price offer/quote must be NET of VAT.</b>									
4	3,000	tab	Clonazepam tab 2mg	3.89	11,670.00				
5	1,000	tab	Desmopressin Acetate tab 100mcg	50.60	50,600.00				
<b>TOTAL ABC</b>					<b>68,925.50</b>				
<b>PCMC Requirement:</b>						<i>Please indicate below your delivery period in number of days.</i>			
<b>Delivery Period: 7 Working days upon receipt of Purchase Order</b>									

**Terms and Conditions:**

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

**Documentary Requirements:**

[Nego. Proc \(53.2\) - Emergency](#)

Mayor's/ Business Permit

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

*5-10-2024*

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

*\*For Certificate of Creditable Tax Withheld at Source (BIR Form No. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated **BIR Certificate of Registration (BIR Form No. 2303)** together with your quote.*