



REQUEST FOR QUOTATION
No. RFQ-2024-241

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 / Attention: AGNES S. ENERO

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER			
						BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	300	tab	Acetazolamide tab 250mg blister/foil pack	14.93	4,479.00				
2	20	bt	Aciclovir susp 200mg/5mL, 50mL/60mL	457.38	9,147.60				
3	100	supp	Bisacodyl Pedia supp 5mg	32.00	3,200.00				
4	1,200	cap	Celecoxib cap 100mg blister/foil pack	3.19	3,828.00				
5	200	tbe	Clobetasol propionate 0.05% cream 5g	66.00	13,200.00				
6	50	amp/vl	Famotidine powd amp/vl 20mg (IM,IV)	150.46	7,523.00				
7	400	tab	Famotidine tab 20mg	23.01	9,204.00				
8	130	bt	Folic acid drp 2.5mg/mL	130.00	16,900.00				
9	130	bt	Folic acid syr 5mg/5mL	206.00	26,780.00				
10	20	pc	Hepatitis A Vaccine 80U/0.5mL	880.00	17,600.00				
11	600	tab	Hydroxychloroquine 200 mg tablet	89.17	53,502.00				
12	50	vl	Immunoglobulin, Hepatitis B H vl 100IU 0.5mL	2,000.00	100,000.00				
13	30	vl	Levofloxacin vl 5 mg/mL 100 mL sealed rubber cap	67.27	2,018.10				
14	100	bt	Lipids bt 20% 250mL (IV inf)	757.83	75,783.00				
15	100	tab	Methylprednisolone tab 16mg	10.89	1,089.00				
16	1,000	tab	Montelukast Sodium chewable tab 5mg blister/foil pack	3.52	3,520.00				
17	1,500	scht	Oral Rehydration Salt (ORS 75) 4.1g sachet	14.30	21,450.00				
18	30	amp	Phenytoin Sod amp 50mg/mL, 5mL (IV)	438.90	13,167.00				
19	160	bt	Sodium Valproate 200 mg/5mL Syr 100mL	170.50	27,280.00				
20	50	bt	Tobramycin 0.3% + Dexamethasone 0.1% susp bt 5mL	220.00	11,000.00				
21	80	amp	Trace Element soln amp 10mL	176.00	14,080.00				
22	100	amp	Vitamin B complex + Vit C vial 10mL	247.50	24,750.00				

Handwritten signature



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						BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
Items # 23-33 are VAT - EXEMPT. Price offer/quote must be NET of VAT.									
23	500	tab	Atorvastatin calcium 10 mg tablet	9.35	4,675.00				
24	400	tab	Bumetanide 1 mg tablet	14.55	5,820.00				
25	6000	tab	Clonazepam tab 2mg	3.89	23,340.00				
26	2500	tab	Dexamethasone tab 4mg blister/foil pack	24.00	60,000.00				
27	50	bt	Fluticasone Propionate 125mcg Inhaler 120 doses	211.97	10,598.50				
28	30	pc	Fluticasone Propionate+Salmeterol Xinafoate 50/25mcg x 120 doses	197.16	5,914.80				
29	70	pc	Fluticasone Propionate+Salmeterol Xinafoate 125/25mcg x 120 doses	225.78	15,804.60				
30	30	pc	Fluticasone Propionate+Salmeterol Xinafoate 250/25mcg x 120 doses	242.48	7,274.40				
31	100	amp	Glyceryl Trinitrate (Nitroglycerin) amp 1mg/mL, 10mL	390.00	39,000.00				
32	700	amp	Midazolam amp 5mg/mL, 1mL (IM,IV)	65.98	46,186.00				
33	15	vl	Remdesivir 100mg vial	868.00	13,020.00				
TOTAL ABC					691,134.00				
PCMC Requirement:						<i>Please indicate below your delivery period in number of days.</i>			
Delivery Period: 7 Working days upon receipt of Purchase Order									

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]

CMC
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.