



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION
No. RFQ-2024-242

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	400	vl	Aciclovir Sod vl 25mg/mL, 10mL (IV inf)	219.49	87,796.00				
2	150	vl/bag	Albumin H vl 20% 50mL (IV)	1,968.00	295,200.00				
3	150	vl/bag	Albumin H vl 25% 50mL (IV)	2,955.36	443,304.00				
4	800	amp/vl	Amikacin Sulf amp/vl 250mg/mL, 2mL (IM,IV)	29.75	23,800.00				
5	40	bt	Azithromycin susp 200mg/5mL 15 mL	299.00	11,960.00				
6	500	vl	Ceftazidime Pentahyd vl 1g (IM,IV)	173.80	86,900.00				
7	500	bt	Cetirizine Dihydrochloride soln bt 5mg/5mL, 30mL	70.00	35,000.00				
8	50	bt	Clarithromycin susp bt 125mg/5mL gran 50mL	220.00	11,000.00				
9	300	bt	Co-amoxiclav susp bt 457mg/5mL, 70mL	220.00	66,000.00				
10	1,680	tab	Deferasirox 250mg dispersible tablet	493.39	828,895.20				
11	5,000	tab	Ferrous Salt tab equiv 60/65mg EI	1.32	6,600.00				
12	150	vl	Iohexol vl 300mg iodine/mL, 50mL	948.88	142,332.00				
13	100	vl	Iopromide 300mg/mL equiv. to 623mg iodine, 50mL Vial	889.35	88,935.00				
14	3,000	tab	Levetiracetam 250 mg FCT	12.31	36,930.00				
15	20	bt	Levofloxacin 5mg/mL 0.5% ophthalmic solution	371.25	7,425.00				
16	180	scht	Mesalazine 1.5 g gastro-resistance PR granules	163.23	29,381.40				
17	4,000	tab	Mesalazine 500mg tab EC	67.08	268,320.00				

AMK



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The following item is VAT - EXEMPT. Price offer/quote must be NET of VAT.									
20	14,000	tab	Lamotrigine 50mg tablet	5.70	79,800.00				
TOTAL ABC					2,630,178.60				
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]

Signature over Printed Name
Name of Supplier _____

Handwritten signature
5-10-2024

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.*