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

REQUEST FOR QUOTATION
No. RFQ- 2024-284

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** __June 3, 2024.__

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	5	set	All Purpose Drainage, Complete Set Fr 10, with string lock, large drainage holes, with Glidex hydrophilic coating	9,160.60	45,803.00				
2	5	set	All Purpose Drainage, Complete Set Fr 8, with string lock, large drainage holes, with Glidex hydrophilic coating	9,160.60	45,803.00				
3	10	pc	Automatic Core Biopsy Instrument G18 x 10cm	3,100.00	31,000.00				
4	10	pc	Coaxial Needle G17 x 9.6cm	1,050.00	10,500.00				
5	2	pc	Coaxial Needle G19 x 9.6cm	1,050.00	2,100.00				
6	2	pc	Microcath Microcatheter with pre-shaped wire Distal/Proximal OD 2.7/2.9FR Max GW 0.021	20,000.00	40,000.00				
7	10	pc	Semi-Automatic Core Biopsy G18 x 13cm	2,050.00	20,500.00				
8	2	pc	Semi-Automatic Core Biopsy G20 x 13cm	2,050.00	4,100.00				
					199,806.00				

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
ITR [for ABC above 500k]
Omnibus Sworn Statement [for ABC above 50k]

Cmt 5-30-2024

_____
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.*

PDAL-PCMC-RQF3
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