



REQUEST FOR QUOTATION
No. RFQ- 2024-302

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 10, 2024.**

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	66	kit	Colostomy bag kit, transparent 32mm use for newborn with imperforate anus	484.00	31,944.00				
2	150	pc	Resuscitation bag with mask for neonate disposable	750.00	112,500.00				
3	1000	set	Sterile Set for procedures use for newborn with imperforate anus	235.00	235,000.00				
4	300	pc	Suture, Silk 3.0 atraumatic with round needle (1)	59.40	17,820.00				
					397,264.00				
PCMC Requirement:						<i>Please indicate below your delivery period in number of days.</i>			
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]

Chit
6-5-2024

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.