PHILIPPINE CHILDREN'S MEDICAL CENTER



Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFQ- 2024-325

Date:	
Name of Supplier:	
Address:	
Telephone No.	
Please quote your l	owest price as per specifications per item listed below thru Alternative Mode of Procurement -
Negotiated Procur	ement - SMALL VALUE (53.9) on or before June 28, 2024.
Please fax your que	otation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o MARY ROSE P. ESTOR

M NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	35,000	рс	Cap, Surgical disposable, Male	1.57	54,950.00			
2	12	set	Cleanser, Enzymatic 5ml (7% Ethylene Glycol)	3,478.00	41,736.00			
3	3,900	set	Dressing, IV Sterile transparent, 6cm x 7cm, 50s/bx (BB 2024-013 & 015)	31.36	122,304.00			
4	102	set	Dressing, Transparent Adhesive, Antimicrobial Incise Drape, sterile 56cm x 45cm, 10s/bx	736.00	75,072.00			
5	1,300	рс	Dressing, Transparent Adhesive, without pad, 10x12cm, 50s/bx (BB 2024-013 & 015)	56.25	73,125.00			
6	90	рс	Glutaraldehyde, 2% soln w/ alkaline activating solution	847.00	76,230.00			
7	7	рс	Tube, Tracheostomy, non-cuff 3.0, Neo	3,136.00	21,952.00			
8	2	рс	Tube, Tracheostomy, non-cuff 3.0, Pedia	3,136.00	6,272.00			
9	7	рс	Tube, Tracheostomy, non-cuff 3.5, Neo	3,136.00	21,952.00			
10	7	рс	Tube, Tracheostomy, non-cuff 3.5, Pedia	3,136.00	21,952.00			
11	7	рс	Tube, Tracheostomy, non-cuff 4.0, Pedia	3,136.00	21,952.00			
12	12	рс	Tube, Tracheostomy, non-cuff 4.5, Pedia	3,136.00	37,632.00			
13	2	рс	Tube, Tracheostomy, non-cuff 5.0, Pedia	3,136.00	6,272.00			
14	2	рс	Tube, Tracheostomy, non-cuff 5.5, Pedia	3,136.00	6,272.00			
15	2	рс	Tube, Tracheostomy, non-cuff 6.0, Pedia	3,136.00	6,272.00			
			TOTAL ABC		239,112.00			

PCMC Requirement:	Please indicate below your delivery period in number of days.
Delivery Period: Seven (7) working days	

Terms and Conditions:

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

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref No.:

Mayor's/Business Permit

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

Cour 6-25-2024

Signature over Printed Name	
Name of Supplier	

PDAL-PCMC-RQF3 050422 Rev 2

^{*}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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.