



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

REQUEST FOR QUOTATION
No. RFQ-2024-364

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 Small Value on or before July 9,2024

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	500	cap	Clindamycin HCl cap 150mg blister/foil pack	6.50	3,250.00				
2	1,800	bt	Cotrimoxazole susp bt 400mg + 80mg/5mL, 60mL	28.60	51,480.00				
3	500	amp	Diphenhydramine HCl amp 50mg/mL, 1mL (IM,IV)	19.57	9,785.00				
4	400	tab	Hyoscine N-Butylbrom tab 10mg blister/foil pack	3.77	1,508.00				
5	500	tab	Ibuprofen tab 400mg blister/foil pack	0.77	385.00				
6	15	vl	Immunoglobulin, Rabies H vl 150IU/mL 2mL (IM)	3,410.00	51,150.00				
7	45	vl	Levofloxacin vl 5 mg/mL 100 mL sealed rubber cap	67.27	3,027.15				
9	250	tab	Methylprednisolone tab 16mg	10.89	2,722.50				
10	1,000	amp	Nalbuphine HCl amp 10mg/mL, 1 mL preservative free (IM, IV, SC)	53.30	53,300.00				
11	200	bt	Paracetamol Alcohol Free drp bt 100mg/mL, 15mL	21.00	4,200.00				
12	980	bt	Paracetamol Alcohol Free syr/susp bt 250mg/5mL, 60mL	29.00	28,420.00				
13	100	amp	Pethidine HCl amp 50mg/mL, 2mL (IM, IV, SC)	492.00	49,200.00				
14	70	pfs/vial	Pneumococcal Polyvalent Vaccine 25mcg/0.5mL sol for inj, 0.5mL pfs/vial (IM, SC)	2,098.00	146,860.00				
15	20	amp	Potassium Phosphate 3 mmol/4.4 mEq/mL	2,552.00	51,040.00				
16	150	amp	Ranitidine HCl amp 25mg/mL, 2mL (IM,IV,IV inf)	26.06	3,909.00				
17	300	tab	Ranitidine HCl tab 150mg blister/foil pack	1.07	321.00				
18	140	bt	Sodium Valproate 200 mg/5mL Syr 100mL	170.50	23,870.00				
19	250	amp	Vitamin B complex + Vit C vial 10mL	247.50	61,875.00				
The following item is VAT - EXEMPT. Price offer/quote must be NET of VAT.									
20	4,000	tab	Carvedilol 6.25mg tab blister/foil pack	1.25	5,000.00				



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						BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
21	200	amp	Diazepam amp 5mg/mL, 2mL (IM,IV)	138.48	27,696.00				
22	500	tab	Diazepam tab 5mg blister/foil pack	8.29	4,145.00				
23	50	bt	Fluticasone Propionate 125mcg Inhaler 120 doses	211.97	10,598.50				
24	2,000	cap	Hydroxyurea cap 500mg blister/foil pack	15.95	31,900.00				
TOTAL ABC					625,642.15				

PCMC Requirement: _____ *Please indicate below your delivery period in number of days.*
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 (53.9) - Small Value

#REF!

PhilGEPS Reg. No

#REF!

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

AMT 7-6-2024

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.*