



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

REQUEST FOR QUOTATION
No. RFQ- 2024-386

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 July 16, 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	1,000	pc	Extracorporeal Bloodlines, Pedia	500.00	500,000.00				
2	15	pc	Plasma Separator	15,000.00	225,000.00				
					725,000.00				
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]

11059335

7/18 - 7/22/24

CMC
7-17-2024

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.