



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-405

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 - SMALL VALUE (53.9) on or before July 26, 2024.

Please fax your quotation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o MARY ROSE P. ESTOR

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	2,000	pc	Band Identification, Pedia White	8.75	17,500.00			
2	10,000	pc	IV Catheter g18	6.43	64,300.00			
3	4,800	pc	IV Catheter g20	6.43	30,864.00			
4	10,000	pc	IV Catheter g22	6.43	64,300.00			
5	500	pc	Needle, Spinal G24 x 3-1/2, Disposable	50.00	25,000.00			
6	1,000	pc	Underpads, medium 45x60 cm	8.00	8,000.00			
7	1,000	pc	Underpads, small 33x45cm	5.00	5,000.00			
<b>TOTAL ABC</b>					<b>214,964.00</b>			

<b>PCMC Requirement:</b>	<i>Please indicate below your delivery period in number of days.</i>
<b>Delivery Period:</b> 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]

*CMC  
7-22-2024*

\_\_\_\_\_  
\_\_\_\_\_  
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.