



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

REQUEST FOR QUOTATION
No. RFQ- 2024-431

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 August 8, 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	10	pc	ADVANCE NEEDLE 18 G 7 CM	600.00	6,000.00				
2	10	pc	Diagnostic Catheter, JR5 4F 0.038, 100 cm Coating 5's	1,500.00	15,000.00				
3	10	pc	Diagnostic Guidewire Hydrophilic 0.035, 260 cm 5's Angle and Straight	1,950.00	19,500.00				
4	5	pk	Oxygenator with Tubing Set for Pedia 14 kgs and below (oxygenation system and CPB tubing set)	35,000.00	175,000.00				
5	5	pc	Prelude Transradial Sheath Introducer 4F 11 cm w/ 21 G Needle	2,000.00	10,000.00				
6	5	pc	Prelude Transradial Sheath Introducer 5F 11 cm w/ 21 G Needle	2,000.00	10,000.00				
7	1	bx	Suture Surgical Needled, Synthetic Non-Absorbable, Monofilament Polypropylene + Polyethylene 4/0, 90cm, 17mm RB1 double ended	35,225.00	35,225.00				
8	1	bx	Temporary Cardiac Pacing Wire, twisted stainless steel, multistrand wire partially insulated with a sheath of blue or white polyethylene, Temporary Pacing Cardiac Pacing Wire 2-0 box of 12's Wire Box of 12s Stainless Steel	32,000.00	32,000.00				
					302,725.00				

PCMC Requirement: _____ *Please indicate below your delivery period in number of days.*
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]

Ans 8-5-2024

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.