



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

REQUEST FOR QUOTATION
No. RFQ-2024-448

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 August 15,2024

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	100	vl	Iodixanol 652mg/mL (320mg iodine), 50mL	2,659.99	265,999.00				
2	300	vl	Iohexol vl 300mg iodine/mL, 50mL	928.28	278,484.00				
3	400	amp	Tramadol HCl amp 50mg/mL, 2mL (IM,IV,SC)	30.00	12,000.00				
TOTAL ABC					556,483.00				
PCMC Requirement:						<i>Please indicate below your delivery period in number of days.</i>			
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

PhilGEPS Ref# _____

PhilGEPS Reg. No

Mayor's/Business Permit

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

Chito
8-9-2024

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.