



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

REQUEST FOR QUOTATION  
No. RFQ-2024-468

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 29 ,2024**

Please fax your quotation at 588-9997 or email at [pcmcproc@gmail.com](mailto: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	pfs	Influenza Polyvalent (Quadrivalent) Vaccine 0.5mL prefilled syringe	650	65,000.00				
2	100	pfs/vial	Pneumococcal Conjugate Vaccine 13-valent, 0.5mL pfs/vial (IM)	2,800.00	280,000.00				
3	100	vl	Vaccine, Measles,Mumps,Rubella Live Atten 1dose vl+0.5mL dil (SC,IM)	770	77,000.00				
4	100	vl	Vaccine, Varicella Live Atten FD powd vl 1000 PFU monodose+dil (SC)	1,280.00	128,000.00				
TOTAL ABC					<b>550,000.00</b>				
<b>PCMC Requirement:</b>						<i>Please indicate below your delivery period in number of days.</i>			
<b>Delivery Period: 7 Working days upon receipt of Purchase Order</b>									

**Terms and Conditions:**

Supplies to be delivered should have at least one (1) year and longer expiry  
Staggered delivery/payment

**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 50k]

\_\_\_\_\_  
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.*