



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-524

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 **on or before September 18,2024**

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	UNIT COST	TOTAL COST
1	1	pc	Blade Holder (Fits all types of sterile surgical blade)	89.00	89.00			
2	1	pc	Brain Knife (Stainless, Reusable)	4,700.00	4,700.00			
3	1	pc	Carboy with Spigot (High Density Polyethylene - 16.3" H x 5.2" W x 12" L - 414mm H x 132mm W x 305mm L · 1.3 gallon)	8,000.00	8,000.00			
4	1	pc	Cutting board with ruler	1,200.00	1,200.00			
5	1	pc	Forceps (not toothed, stainless, reusable)	326.00	326.00			
6	1	pc	Iris Scissor (not toothed, stainless)	560.00	560.00			
7	1	pc	Mayo Scissor (straight, 14.0cm -30.0cm, not toothed, stainless, reusable)	530.00	530.00			
8	1	pc	Neubauer Counting Chamber (Depth 0.1mm, counting area 0.3mm ²)	4,000.00	4,000.00			
9	1	pc	Organ Knife (Non-Serrated)	700.00	700.00			
10	4	pc	Pipettor, 20-200ul MicroPette Plus mechanical autoclave	3,650.00	14,600.00			
11	2	pc	Pipettors 10-100ul	9,600.00	19,200.00			
12	1	pc	Pipettors 100-1000ul	14,625.00	14,625.00			
13	1	pc	Sharpening tool	2,000.00	2,000.00			
14	1	pc	Thumb (long) Toothed Forceps	200.00	200.00			
15	1	pc	Tissue cassette foam (25.4x30.2mm biopsy foam pad for tissue cassette)	1,000.00	1,000.00			



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ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	
						BRAND/ PACKAGING	UNIT COST
16	2	set	Urine refractometer	10,000.00	20,000.00		
17	2	pc	Vortex Mixer	32,000.00	64,000.00		
18	1	pc	Weighing scale for organs	5,000.00	5,000.00		
TOTAL ABC					160,730.00		

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

Terms and Conditions:

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]

9-16-2024

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.*