



REQUEST FOR QUOTATION
No. RFQ- 2024-556

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 September 27, 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	75		Adult High Flow Nasal Cannula compatible with Comen Ventilator	1,950.00	146,250.00				
2	100		Infant Disposable Sensor, SpO2 compatible with MASIMO RAD97 Pulse Oximeter (10pcs/pack)	2,134.92	213,492.00				
3	100		Pediatric Disposable Sensor, SpO2, compatible with MASIMO RAD97 Pulse Oximeter(10pcs/pack)	1,897.61	189,761.00				
4	75		Tubing, Highflow with Water Tank compatible with Comen Ventilator	3,800.00	285,000.00				
					834,503.00				

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

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

11283554

9/25 - 9/30/24

Ann 9-24-2024

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.