



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-558

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 30, 2024.**

Please fax your quotation at 588-9997 or email at danilonrodriguez@gmail.com/ pemcproc@gmail.com / Attention: _____

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	36	pc	Dialyzer, Polysulfone, High-Flux, gamma sterilized,surface: 1.3m2, 12pc/box	1,360.00	48,960.00				
2	32	pc	Dialyzer, Polysulfone, High-Flux, gamma sterilized,surface: 1.6m2, 12pc/box	1,360.00	43,520.00				
3	24	pc	Dialyzer, Polysulfone, Low-Flux, gamma sterilized,surface: 0.8m2, 12pc/box	1,029.00	24,696.00				
4	5	pc	Catheter Peritoneal, Neonatal 31cm	3,788.00	18,940.00				
5	5	pc	Catheter Peritoneal, Pedia 47cm	3,600.00	18,000.00				
6	20	pc	Dialyzer, Polysulfone, Low-Flux, gamma sterilized,surface: 1.5 - 1.6 m2, 12pc/box	1,400.00	28,000.00				
					182,116.00				

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

11285751

9/25 - 9/30/24

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.