PHILIPPINE CHILDREN'S MEDICAL CENTER



Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION

			No. RFQ-	<u> 2024-586</u>				
Date	::							
Name of Supplier:								
Address:								
Telephone No.		lo.						
Plea	se quo	te you	r lowest price as per specifications per iten	n listed below	thru Alternative	Mode of Pro	curement -	
Neg	otiated	Procu	rement - SMALL VALUE (53.9) on or before	re October 07,	2024.			
	se fax y	your q	uotation at 8-588-9997 / 8-9240840 or en	nail at pcmcpr	oc@gmail.com	c/o MARY RO	OSE P. ESTOR	
M NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	800	рс	Blood agar (TSA, Sheeps /Mac Conkey agar 10 plates/pk)	45.00	36,000.00			
2	1800	рс	Blood agar plate (TSA, Sheeps blood)10 plates/pk	50.00	90,000.00			
3	600	рс	Chocolate agar (Sheeps Blood)with supplement (polyvitex or isovitalex) 10 plates/pk	60.00	36,000.00			
4	5	bt	Eosin Azure 50 Paps, 1L	935.00	4,675.00			
TOTAL ABC				166,675.00				
PC	MC R	eauir	ement.	Please indicate below your delivery period in number of days.				
PCMC Requirement: Delivery Period:				reuse maicute below your delivery period in number of days.				
Dei	ivery	erio	1.					
	Docum Nego.	es to be	onditions: e delivered should have at least one (1) yes y Requirements: 53.9) - Small Value	ar or longer ex	0			
PhilGEPS Ref No. : Mayor'/Business Permit: ITR [for ABC above 500k] Omnibus Sworn Statement [for ABC above 50k]				(MART 10-1-20 24)				
Sign	ature ov	er Prin	ted Name					

*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 No. 2303) together with your quote.

PDAL-PCMC-RQF3 050422 Rev 2

Name of Supplier_