



REQUEST FOR QUOTATION
No. RFQ-2024-589

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 October 7, 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	MANUFACTURER	UNIT COST	TOTAL COST
1	3700	tab	Azathioprine tab 50mg	32.59	120,583.00				
2	14000	tab	Clonidine HCl tab 75mcg blister/foil pack	5.00	70,000.00				
3	2700	amp	Furosemide amp 10mg/mL, 2mL (IM,IV)	10.00	27,000.00				
4	1960	bt	Valproic Acid syr bt 250mg/5mL, 120mL	345.46	677,101.60				
TOTAL ABC					894,684.60				
PCMC Requirement:						<i>Please indicate below your delivery period in number of days.</i>			
Delivery Period: 7 Working days upon receipt of Purchase Order									

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]

dm

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.