PHILIPPINE CHILDREN'S MEDICAL CENTER

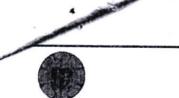
Quezon Avenue, Quezon City ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFQ-2024-623

Date								
	ie of Su	ipplier	· 	-				
Add	ress:							
Tele	phone l	No.						
Nego	otiated	Procui	lowest price as per specifications per item rement on or before October 23, 2024					
Pleas	se tax y	our q	uotation at 588-9997 or email at pemepr	oc@gmail.com	/ Attention: D	Danny Rodrig	uez	
TOTAL STATE OF THE						Supplier's Offer		
M NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ Specifications	UNIT COST	TOTAL COST
1	7	рс	Hemoperfusion Cartridge for Sepsis	35,380.00	247,660.00			
2	5	рс	Peritoneal Dialysis Catheter, 31cm	7,260.00	36,300.00			
3	5	рс	Peritoneal Dialysis Catheter, 62-63cm	7,920.00	39,600.00			
4	30	bt	Chlorhexidine Digluconate Wound Spray 60ml	220.00	6,600.00			
5	25	bt	Chlorhexidine plus alcohol akin Antiseptic 60ml	205.00	5,125.00			
TOTAL AMOUNT 335,285.00								
PCMC Requirement:						Please indicate below your delivery period in number of days.		
Delivery Period:								
	Docum Nego. Pr PhilGE PhilGE Mayor's	roc (53.) PS Ref PS Reg s/ Busin	g. No ness Permit			,		
			above 500k] required in Statement [for ABC above 50k] required			(mot 10-21-20 24		
	re over I of Suppli		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 <u>BIR Certificate of Registration (BIR Form N. 2303)</u> together with your quote.

PDAL-PCMC-RQF3 050422 Rev 2



PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

RLOZEY -10-602 SVP

PURCHASE REQUEST

Department MISSD PR No. NEPHRO-2024-017 Pediatric Nephrology/ PDUNIT and Hemodialysis Unit Section 10/14/24 Item No. Estimated Unit Estimated Total вон DESCRIPTION Quantity in PPMP Cost Cost 0 рс Hemoperfusion Cartridge for Sepsis 7 35,380.00 247,660.00 0 pc Peritoneal Dialysis Catheter, 31cm 5 7,260.00 36,300.00 0 рс Peritoneal Dialysis Catheter, 62-63cm 5 7,920.00 39,600.00 0 bt Chlorhexidine digluconate Wound Spray 60mL 30 220.00 6,600.00 0 bt Chlorhexidine plus alcohol skin Antiseptic 60mL 25 205.00 5,125.00 PURPOSE: Hemodialysis Use (Pediatric Hemodialysis Unit) GRAND TOTAL P 335,285.00 REQUESTED BY: PAMULALATO MI) ERMENILDA L. AVENDAÑO, MD MA NORMA V. ZAMORA, MD RAD Department Manager, Medical Services HEAD, MISSD cas **FUNDS AVAILABLE** Amount P Funding Code: Chief, FINANCE DIVISION CHECKED AS AINST APPROVED PPMP DIV APPROVED BY:

Materials Management Division

MARPINA- 701.

CECILIA O. GAN, MID, MIPM, MNSA DEPUTY EXECUTIVE DIRECTOR, DDHSS

Distribution: Original - Payment/ Duplicate - Procurement/ Triplicate - End-user

HSPR-PCMC-PRC1 161014 Rev 0