

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-623

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 **October 23, 2024**

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com / Attention: **Danny Rodriguez**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	Supplier's Offer		
						BRAND/ Specifications	UNIT COST	TOTAL COST
1	7	pc	Hemoperfusion Cartridge for Sepsis	35,380.00	247,660.00			
2	5	pc	Peritoneal Dialysis Catheter, 31cm	7,260.00	36,300.00			
3	5	pc	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 skin Antiseptic 60ml	205.00	5,125.00			
TOTAL AMOUNT					335,285.00			

PCMC Requirement: _____

Delivery Period: _____

Please indicate below your delivery period in number of days.

Terms and Conditions:

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: _____

PhilGEPS Reg. No _____

Mayor's/ Business Permit _____

ITR [for ABC above 500k] required _____

Omnibus Sworn Statement [for ABC above 50k] required _____

MAF 10-21-2024

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.*

PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

R2024-10-602

PURCHASE REQUEST

SVP

Department **MISSD** PR No. **NEPHRO-2024-017**
Section **Pediatric Nephrology/ PDUNIT and Hemodialysis Unit** Date **10/14/24**

BOH	Item No. in PPMP	Unit of	DESCRIPTION	Quantity	Estimated Unit Cost	Estimated Total Cost
0		pc	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		pc	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:
[Signature]
MA NORMA V. ZAMORA, MD *MD*
 HEAD, MISSD *MD*

[Signature]
ERMENILDA L. AVENDAÑO, MD
 Department Manager, Medical Services *14 Oct 2024*

FUNDS AVAILABLE

Amount P _____
 Funding Code: _____

 Chief, FINANCE DIVISION

CHECKED AGAINST APPROVED PPMP *2024*
[Signature]
ESTHER L. REINOSO, MSHA *MMRP2024-701*
 Materials Management Division

APPROVED BY:
[Signature]
CECILIA O. GAN, MD, MPM, MNSA
 DEPUTY EXECUTIVE DIRECTOR, DDHSS

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

HSPR-PCMC-PRC1
161014 Rev 0

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