

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-624

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	1500	pc	AV Fistula Needle, Arterial Fr. 17g, 1.6 x 25mm, 50pcs/box	12.38	18,570.00			
2	1000	pc	AV Fistula Needle, Venous Fr. 17g, 1.6 x 25mm, 50pcs/box	12.38	12,380.00			
TOTAL AMOUNT					30,950.00			

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

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

CMR 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

R2024-10-600
(SVP)

PURCHASE REQUEST

Department **MISSD** PR No. **NEPHRO-2024-016**
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	AV Fistula Needle, Arterial Fr. 17g, 1.6x25mm, 50pcs/bx	1500	12.38	18,570.00
0		pc	AV Fistula Needle, Venous Fr. 17g, 1.6x25mm, 50pcs/bx	1000	12.38	12,380.00

PURPOSE: Hemodialysis Use (Pediatric Hemodialysis Unit) **GRAND TOTAL P 30,950.00**

REQUESTED BY:
[Signature]
MA NORMA V. ZAMORA, MD
HEAD, MISSD

ROD
COJ

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

FUNDS AVAILABLE
Amount P _____
Funding Code: _____

Chief, FINANCE DIVISION

CHECKED AGAINST APPROVED PPMP *R2024* **APPROVED BY:**
[Signature] *AMRP 2024-702*
ESTHER L. REINOSO, MSHA
Materials Management Division
Distribution: Original - Payment/ Duplicate - Procurement/ Triplicate - End-user
CECILIA O. GAN, MD, MPM, MNSA
DEPUTY EXECUTIVE DIRECTOR, DDHSS