



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-627

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 - SMALL VALUE (53.9) on or before November 01, 2024.**

Please fax your quotation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o **MARY ROSE P. ESTOR**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	600	pc	Blood Bag, transfer aliquot pedia 150mL	450.00	270,000.00			
2	14,000	pc	Calibrated pipet, plastic, 170mm, 0.5-3ml, 500s/box	1.50	21,000.00			
3	4,300	pc	Evacuated tube, Lavender Top, K2 EDTA 13x75mm 4mL 100's	3.40	14,620.00			
TOTAL ABC					305,620.00			

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

Terms and Conditions:

Supplies to be delivered should have at least one (1) year or longer expiry

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref No. : 1140C250

Mayor'/Business Permit:

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

10-28-2024

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.