



**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City

**ALTERNATIVE MODE**

**REQUEST FOR QUOTATION**

**No. RFQ- 2024-628**

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	7800	pc	Evacuated tube, red top 10mL100s, Glass	10.56	82,368.00			
2	775	pc	POCT Reagent Cartridge Compatible with existing blood gas analyzer (I-STAT)	548.16	424,824.00			
<b>TOTAL ABC</b>					<b>507,192.00</b>			

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

**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. : **11409920**

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.*

PDAL-PCMC-RQF3

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