

PRICE SCHEDULE

(For Goods Offered from Abroad)

PROCURING ENTITY : PHILIPPINE CHILDREN'S MEDICAL CENTER						NAME OF BIDDER :				
INVITATION TO BID NO. : IB-2024-113										
1	2	3	4	5	6	7	8	9	10	
Qty	Unit	Item	Description (Brand / Make / Model)	Country of Origin	Manufacturer	Unit price CIF port of entry (specify port) or CIP named place (specify border point or place of destination)	Total CIF or CIP price per item (col. 1 x 6)	Unit Price Delivered Duty Unpaid (DDU)	Unit price Delivered Duty Paid (DDP)	Total Price delivered DDP (col 1 x 9)
1	unit	Supply and Delivery of Laryngoscope <i>Total ABC = Php150,000.00</i>								
<ul style="list-style-type: none"> • Bids will be valid for one hundred twenty (120) days and it shall remain binding upon us and may be accepted at any time before the expiration of that period; 						TERMS OF PAYMENT (For discounts being offered, if there's any. Otherwise, state "NONE"):				
<ul style="list-style-type: none"> • PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government. 						NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE				

PRICE SCHEDULE

(For Goods Offered from within the Philippines)

PROCURING ENTITY : PHILIPPINE CHILDREN'S MEDICAL CENTER								NAME OF BIDDER :			
INVITATION TO BID NO. : IB-2024-113											
1	2	3	4	5	6	7	8	9	10	11	
Qty	Unit	Item	Description (Brand / Make / Model)	Country of Origin	Manufacturer	Unit Price EXW per item	Transportation and all other costs incidental to delivery, per item	sales and other taxes payable if Contract is awarded, per item	Cost of Incidental Services, if applicable, per item	Price, per unit (col 6+7+8+ 9)	Total Price delivered Final Destination (col 10) x (col 1)
1	unit	Supply and Delivery of Laryngoscope <i>Total ABC = Php150,000.00</i>									
<ul style="list-style-type: none"> • Bids will be valid for one hundred twenty (120) days and it shall remain binding upon us and may be accepted at any time before the expiration of that period; 								TERMS OF PAYMENT (For discounts being offered, if there's any. Otherwise, state "NONE"); NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE			
<ul style="list-style-type: none"> • PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government. 											

PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

**TECHNICAL SPECIFICATIONS
IB-2024-113**

Instruction: Accomplish this form by presenting a clear statement of your offer. Please write the specific, precise and complete statement which complies with the required specifications. DO NOT write "COMPLY" or the page numbers of the brochure/data sheet, etc.

PCMC REQUIREMENT			BIDDERS' OFFER TO COMPLY WITH THE PCMC REQUIREMENTS
QTY	UNIT	Item Description	
1	unit	LARYNGOSCOPE	
		A. Specifications of the Main Equipment	
		1 General Specifications:	
		Medium laryngoscope handle with case and straight blades all sizes: size #0, size #1, size #2, size #3, size #4, size #00	
		Medium laryngoscope handle with case and curved blades all sizes: size #1, size #2, size #3, size #4	
		Laryngoscope handle penlight type with case	
		One-piece stainless steel construction with durable knurled finish for secure grip and bright white fiber optic halogen HPX handles for clear and color-corrected view	
		Lightweight not more than 400g	
		2 Battery Options (Either)	
		Rechargeable AA battery	
		3 Quality and Maintenance	
		Hospital grade equipment	
		Easily cleaned with standard sterilizing materials	
		Mechanical parts should be of heavy-duty type	
		Equipment should be maintainable	
		Other Specifications: (please indicate if applicable)	
		BRAND	
		MAKE / MODEL	
		B. Consumables to be provided	
		1 10 pcs AA battery	
		C. Accessories to be provided	
		1 cover for each case	
		2 battery charger	

		D. Warranty		
		1	At least 2 years on parts, services and accessories	
		2	Quarterly preventive maintenance on warranty period	

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NAME OF COMPANY

ADDRESS

SIGNATURE OVER PRINTED NAME

TELEPHONE / FAX NO.