



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION
No. RFQ-2024-678

Date: _____
Name of Supplier: _____
Address: _____
Telephone No. _____
Email Address: _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement -

Negotiated- Procurement Small Value on or before November 25,2024

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com / Attention: AGNES S. ENERO

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER			
						BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	5,000	tab	Cetirizine Dihydrochloride tab 10mg blister/foil pack	4.59	22,950.00				
2	15	vl	Immunoglobulin, Rabies H vl 150IU/mL 2mL (IM)	3,410.00	51,150.00				
3	100	amp	Vitamin B complex + Vit C vial 10mL	247.50	24,750.00				
VAT EXEMPT									
4	3,700	tab	Azathioprine tab 50mg	32.59	120,583.00				
TOTAL ABC					219,433.00				
PCMC Requirement:						<i>Please indicate below your delivery period in number of days.</i>			
Delivery Period: 7 Working days upon receipt of Purchase Order									

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry
Staggered Delivery/Payment

Documentary Requirements:

Nego. Proc (53.9) - Small Value
PhilGEPS Ref# _____
PhilGEPS Reg. No _____
Mayor's/Business Permit _____
ITR [for ABC above 500k] _____
Omnibus Sworn Statement [for ABC above 50k] _____

Handwritten signature and date: 11-20-2024

Signature over Printed Name _____
Name of Supplier _____

(BIR Form No. 2306) please submit your latest/updated BIR Certificate of Registration (BIR Form No. 2303) together with your quote.

PDAL-PCMC-RQF3
050422 Rev 2