

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

REQUEST FOR QUOTATION No. RFQ-2025-015

Date:	
Name of Supplier:	
Address:	
Telephone No.	

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

Shopping (52.1b) on or before January 20, 2025.

Please fax your quotation at 8588-9997 / 8924-0840 or email at pcmcproc@gmail.com c/o JULIUS LUCAS

TEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	UNIT COST	TOTAL COST
			Certificate holder, hard cover with logo					
1	105	рс	(for training program)	200.00	21,000.00			
			Envelope, mailing white long with					
2	350	рс	PCMC logo	15.18	5,313.00			
			Form, Bin Card, 8-1/2"x5-3/8, 1 color print					
3	1,300	рс	(2-side printing), tagboard (NSO-Ward)	2.85	3,705.00			
			Form, Bin Card, 8-1/2"x5-3/8, 1 color print					
4	3,000	рс	(2-side printing), tagboard (Pharmacy)	2.85	8,550.00			
			Form, Blood Transfusion Record,					
5	40	pd	100 sheets/pd	415.00	16,600.00			
			Form, Diet Slip, 3.5" x 2.5" carbonless,					
_	1 200		triplicate (white,pink,yellow) one side padded, 50s/pd	15.50	18 600 00			
6	1,200	pd	Form, Doctors Order Sheet, 8.5" x 11",	15.50	18,600.00			
			duplicate (white, pink), carbonless, 1 color					
7	3,245	pd	offset with perforation, 50s/pd	94.86	307,820.70			
			Form, IV Card, 8.5" x 5.5", colored orange,					
8	3,000	рс	bristol, 1000s, 2-side printing	2.47	7,410.00			
9	150	pd	Form, Medical Nutrition duplicate A4 size	165.00	24,750.00			
			Form, Stock Card #18, 11" x 8.5", light					
10	1,200	рс	yellow, tagboard, 2 side printing	7.74	9,288.00			
	,		Paper, Letterhead w/ PCMC logo					
11	20	rm	A4 S-24, 80gsm	998.00	19,960.00			
12	3,000	рс	Printed, Donor card, type "A"	1.55	4,650.00			
13	1,000	рс	Printed, Donor card, type "AB"	1.55	1,550.00			
14	3,000	рс	Printed, Donor card, type "B"	1.55	4,650.00			
15	8,000	рс	Printed, Donor card, type "O"	1.55	12,400.00			
16	300	рс	Printed, Service Record Card	11.00	3,300.00			
			Printed, Sticker label for blood bags,					
17	30,000	рс	3-5/8 x 1	0.30	9,000.00			
			Printed, Sticker label for slides with logo					
			(Histopathologic labelling of tissues and					
18	20,000	рс	organs)	0.55	11,000.00			

489,546.70





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Plea	se quote y	our lov	west price as per specifications per item list	ed below th	ru Alternative	Mode of Procurer	nent -		
			or before January 20, 2025.						
	, ,								
Please fax your quotation at 8588-9997 / 8924-0840 or email at pcmcproc@gmail.com c/o JULIUS LUCAS									
NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	UNIT COST	TOTAL COST	
			BALANCE FORWARDED		489,546.70				
			Printed, Sticker label for test tubes,						
19	100,000	рс	W 5cm, H 2cm	0.25	25,000.00				
			Printed, Sticker, "Reactive",						
20	800	рс	W 10cm x H 4cm	2.50	2,000.00				
	TOTAL ABC 516,546.70								
PCMC Requirement:				Please indicate below your delivery period in number of days.					
Delivery Period: Seven (7) working days.									
Documentary Requirements: Shopping (52.1b) PhilGEPS Ref. #: 11658817 Mayor's/ Business Permit PhilGEPS Reg. No.:									
Signature over Printed Name						VA	1-13-2025		
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 <u>BIR Certificate of Registration (BIR Form N. 2303)</u> together with your quote.

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