PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFO-2025-089

			110.	Kr Q-2025	-009			
Date	:							
Nam	e of Su	pplier						
Add	ress:							
Telephone No.		No.						
			lowest price as per specifications per item list ement on or before <u>March 5, 2025</u>	ed below thru	Alternative Mo	de of Procure	ment -	
Pleas	se fax y	our q	uotation at 588-9997 or email at pcmcproc@	gmail.com /	Attention: Al N	Menor		
					Supplier's Offer			
ITE M NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ Specifications	UNIT COST	TOTAL COST
			Supply of labor, tools, parts and materials for preventive maintenance service and installation of the replacement for the consumable parts of Duplex " Quincy" air compressor and air dryer of Medical Air System at Engineering PN# 1308-419-9347-C to F-Engr.					
	2	рс	Activated Carbon Filter - for duplex air dyer	22,000.00	44,000.00			
	2	рс	Air Filter - for duplex air compressor	7,650.00	15,300.00			
	2	kit	Blowdown Valve Kit - for duplex air compressor	13,910.00	27,820.00			
	2	kit	Check Valve Kit - for duplex air compressor	44,352.00	88,704.00			
	2	kit	Differential Pilot Valve - for duplex air compressor	9,676.00	19,352.00			
	2	set	Exhaust Silencer - for duplex air dryer	24,000.00	48,000.00			
	4	рс	Inlet/Outlet Filter - for duplex air dryer	21,000.00	84,000.00			
	2	kit	Line Filter Kit - for duplex air compressor	9,072.00	18,144.00			
	2	pail	Lubricant Oil - for duplex air compressor	37,000.00	74,000.00			
	2	рс	Microfilter, AA - for duplex air dryer	21,000.00	42,000.00			
	2	рс	Oil Filter - for duplex air compressor	9,350.00	18,700.00			
	2	kit	Shuttle Valve Kit - for duplex air compressor	13,104.00	26,208.00			
			Parts must be same or compatible to the abovementioned system.					

PCMC Requirement:

Please indicate below your delivery period in number of days.

Delivery Period:

506,228.00

Terms and Conditions:

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#:

PhilGEPS Reg. No

Mayor's/ Business Permit

ITR [for ABC above 500k] required

Omnibus Sworn Statement [for ABC above 50k] required

TOTAL AMOUNT

Signature over Printed Name Name of Supplier_____

