



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2025-099

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 on or before **March 10, 2025.**

Please fax your quotation at 588-9997 or email at danilonrodriguez@gmail.com/ pcmcproc@gmail.com / Attention: _____

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	3	pc	Bottle, CTT one way, set 500 ml	1,000.00	3,000.00				
2	5	kit	Catheter, Central Venous Single Lumen	1,800.00	9,000.00				
3	100	kit	Colostomy bag kit, transparent 32mm	484.00	48,400.00				
4	17	pk	Filter paper, for neonatal incubator	6,000.00	102,000.00				
5	10	pc	Pediatric Diagphram Assy.	950.00	9,500.00				
6	10	pc	Pediatric Diagphram Disk Flat Clear	350.00	3,500.00				
7	10	pc	Pediatric Diagphram Non-Chill Rim Black	450.00	4,500.00				
8	60	pc	Suture, silk 2-0 with needle strands	61.00	3,660.00				
9	350	pc	Suture, Silk 3.0 atraumatic with round needle (1)	59.40	20,790.00				
10	1200		Tube, Feeding Fr 05 38/40 cm with calibration	50.00	60,000.00				
11	1200		Tube, Feeding Fr 08 38/40 cm with calibration	50.00	60,000.00				
12	25		TUBINGS, PATIENT CIRCUIT FOR INFANT WARMER (FISHER&PAYKEL)	1,200.00	30,000.00				
					354,350.00				

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

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry Staggered Delivery and Staggered Payment for CY-2025

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#:

Mayor's/ Business Permit

PhilGEPS Reg. No

Ant 8-5-2025

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.