



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2025-209

Date:

Name of Supplier: _____

Address: _____

Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru **SMALL VALUE PROCUREMENT** on or **before May 13, 2025**.

Please fax your quotation at 8-588-9997 / 8-9240840 or email at procurement@pcmc.com.ph c/o MARY ROSE P. ESTOR

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	50	pc	Blood bag, adult 300ml	220.00	11,000.00			
2	630	pc	Blood bag, aliquot/pedia bag, 4X150ml	450.00	283,500.00			
3	2	vl	Check cells, 3% cell suspension, 10ml	1,710.00	3,420.00			
4	5,000	pc	Injection pad for whole blood donation, 36 mm	6.00	30,000.00			
5	2,100	pc	Platelet Administration set, 50s	75.00	157,500.00			
6	5	vl	Typing Sera, anti-E (big E), 1x10mL	2,955.36	14,776.80			
TOTAL ABC					500,196.80			

PCMC Requirement:

Please indicate below your delivery period in number of days.

Delivery Period:

Terms and Conditions:

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

Documentary Requirement:

Small Value Procurement (34.1)

PhilGEPS Ref. No. : _____

Mayor's/Business Permit

PhilGEPS Reg. No.

ITR [for Abc above 500k]

Omnibus Sworn Statement [for ABC above 50k]

Cam 5-6-2025

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.*