



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City
Tel. No. 588-9900 local 224/226

REQUEST FOR QUOTATION

No. RFQ-2022-133

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 30, 2022**

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com c/o MS. MARY ROSE P. ESTOR

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
1	900	cn	Energy-dense enterai formulation for 10y.o. & up, powdered vanilla, 850gms/can; oral use or tube feeding; uplift optimum nutrition; gluten and lactose free	474.00	426,600.00			
TOTAL ABC					426,600.00			

PCMC Requirement:	<i>Please indicate below your delivery terms (in number of days)</i>
Delivery Period: Seven (7) Working days upon receipt of approved Purchase Order	

Terms and Conditions:

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

Documentary Requirements:

[Nego. Proc \(53.9\) - Small Value](#)

PhilGEPS Ref#: _____

Mayor's/ Business Permit

PhilGEPS Reg. No

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

Signature over Printed Name

Name of Supplier _____

HSPR-PCMC-RQF3 

170314 Rev 1

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.*