



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2022-335

Date:

Name of Supplier: _____

Address: _____

Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement (Small Value - 53.9) on or before **July 26, 2022.**

Please **fax your quotation at 8-588-9997 / 8-9240840** or email at **pcmcproc@gmail.com** c/o **MARY ROSE P. ESTOR**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
1	1,200	cn	Energy-dense enteral formulation for 10 y.o. & up, powdered vanilla, 800 to 900 gms/can; oral use or tube feeding; uplift optimum nutrition; gluten and lactose free	474.00	568,800.00			
TOTAL ABC					568,800.00			

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

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 _____

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.*