



**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
Quezon Avenue, Quezon City  
**ALTERNATIVE MODE**

**REQUEST FOR QUOTATION**  
**No. RFQ- 2023-038**

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 **January 20, 2023.**

Please fax your quotation at 8-588-9997 / 8-9240840 or email at [pcmcproc@gmail.com](mailto: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	48	bx	Enteral formula for cancer patients, nutritional feeding, powder w/ BCAA, high protein, omega 3 & FOS, 243g	526.00	25,248.00			
2	36	can	High protein formula with PER (Protein Efficient Ratio) 3:1, essential for tissue growth/weight gain. Intended for 3 y.o. & above, 450g	1,135.00	40,860.00			
3	200	can	Hypoallergenic formula w/ hydrolyzed protein and Lactobacillus Rhamnosus GG (LGG) prebiotic for children w/ food allergies including cow's milk, 400g/can	800.00	160,000.00			
<b>TOTAL ABC</b>					<b>226,108.00</b>			

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

**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.