



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2023-243

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 - Small Value) on or before April 17, 2023.

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com / Attention: MS. LOVELY M. ALGODON

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	UNIT COST	TOTAL COST
1	1,000	pax	Food for Employees Program	250.00	250,000.00		
			Meal Composition:				
			SET A				
			1 Meat Dish (either Pork,Fish,Beef,Chicken) *				
			1 Vegetable Dish				
			1 Rice				
			1 Dessert				
			1 Drink				
			SET B				
			2 Meat Dishes (1 Red Meat and 1 White Meat) *				
			1 Rice				
			1 Dessert				
			1 Drink				
			<i>*Note: Provide alternate dish for staff with food restrictions</i>				
			Date: April 28, 2023				
			Delivery: 9:30AM				
			Required to provide food tasting for 10 pax on April 18, 2023 (11:00AM)				
TOTAL ABC					250,000.00		

Documentary Requirements:

Shopping (52.1.b)

PhilGEPS Ref # 9658660

Mayor's/ Business Permit

PhilGEPS Reg. No.

Signature over Printed Name

Name of Supplier _____

*For Certificate of Creditable Tax Withheld at Source (BIR Form No. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated **BIR Certificate of Registration (BIR Form No. 2303)** together with your quote.