



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2023-335

Date: _____

Name of Supplier: _____

Address: _____

Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement - (SHOPPING - Sh 52.1b) on or before June 07, 2023.

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	4,200	pc	Pandesal, 35g/pc	4.00	16,800.00			
2	750	lf	Pullman, 21sl/lf	72.00	54,000.00			
			<ul style="list-style-type: none"> • Freshly baked • Delivery Schedule: Tuesday/Friday 5:30 AM • Staggered delivery/payment 					
			(FOR 3rd QUARTER OF CY 2023 USAGE)					
TOTAL ABC					70,800.00			

Documentary Requirements:

Shopping (52.1b)

PhilGEPS Ref#: _____

Mayor's/ Business Permit

PhilGEPS Reg. No

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.

PDAL-PCMC-RQF3

050422 Rev 2

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