



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

**ALTERNATIVE MODE**

REQUEST FOR QUOTATION

**No. RFQ-2024-609**

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 October 15, 2024.**

Please fax your quotation at 8588-9997 / 8924-0840 or email at [pcmcproc@gmail.com](mailto:pcmcproc@gmail.com) c/o JULIUS LUCAS

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
<b>GROCERY ITEMS</b>								
1	63	rl	Cling wrap, polyvinyl institutional size, 12"x300mm	267.15	16,830.45			
2	19	rl	Cling wrap, polyvinyl, institutional size, 16"x300m	535.00	10,165.00			
3	6350	pc	Cup paper, 8oz/pc, 50s	1.87	11,874.50			
4	1300	pc	Cup, paper for dessert, w/lid 260cc	2.14	2,782.00			
5	353	pc	Feeding storage plastic bottle with calibration, 250mls	440.00	155,320.00			
6	300	pc	Feeding storage plastic bottle with calibration, 500mls (for Blenderized higher volume feeds)	500.00	150,000.00			
7	6	rl	Foil aluminum, 30cm x 300m	635.27	3,811.62			
8	30	pk	Food wrapping paper, 22cm-25cm, pre-cut size, biodegradable paper, grease proof	128.40	3,852.00			
9	5000	pc	Meal box, paper 2 compartment (LB2)	5.24	26,200.00			
10	1200	pc	Meal box, starchware, 5 part tray with lid	16.05	19,260.00			
11	1	rl	Plastic wrap, institutional size, 12"x300m	976.91	976.91			
12	1500	pc	Plate paper, square, foil laminated, 5x5 inches, 50pc/pk	0.80	1,200.00			
(FOR 4th QUARTER OF CY 2024 USAGE)								
<b>TOTAL ABC</b>					<b>402,272.48</b>			

PCMC Requirement:	Please indicate below your delivery period in number of days.
Delivery Period: <b>Seven (7) working days.</b>	

**Documentary Requirements:**

Nego. Proc (53.9) - Small Value

PhilGEPS Ref. #

Mayor's/ Business Permit

PhilGEPS Reg. No.:

Omnibus Sworn Statement [for ABC above 50k]

ITR [for ABC above 500k]

*Ann*  
10-11-20 20

\_\_\_\_\_  
\_\_\_\_\_  
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.