



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

REQUEST FOR QUOTATION
No. RFQ-2024-650

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 **November 12, 2024**.

Please fax your quotation at 8588-9997 / 8924-0840 or email at pcmcproc@gmail.com c/o JULIUS LUCAS

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
			44TH PCMC CHRISTMAS CELEBRATION					
			December 19, 2024					
1	1,400	pax	Packed Meal	300.00	420,000.00			
			* - Meal Composition					
			1 Meat Dish (Either Pork, Fish, Beef, Chicken)					
			*Provide alternate dish for staff with food restrictions.					
			1 Vegetable Dish					
			Rice					
			1 Dessert					
			1 Drink					
			* REQUIRED TO PROVIDE FOR FOOD TASTING					
			Notes:					
			NDD staff will distribute					
			Delivery Time: 10:00AM					
			Distribution Time: 11:00AM					

TOTAL ABC

420,000.00

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPs Ref. # 11445594

Mayor's/ Business Permit

PhilGEPs Reg. No.:

Omnibus Sworn Statement [for ABC above 50k]

ITR [for ABC above 500k]

Ant 11-6-2024

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.