



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

**ALTERNATIVE MODE**

REQUEST FOR QUOTATION

**No. RFQ-2024-652**

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 (52.1b), on or before November 12, 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>9th Post Graduate Course entitled</b>					
			<b>"Perspectives to Practice: The Realm of</b>					
			<b>Interventional Neonatal Respiratory Care"</b>					
			<b>November 19, 2024 (8:00AM to 5:00PM)</b>					
1	170	pax	Lunch	175.00	29,750.00			
2	340	pax	Snacks (Light)	75.00	25,500.00			
			Delivery: Multipurpose Hall					
			AM Snacks : 9:00 AM					
			Lunch & PM Snack: 11:00 AM					
			<b>TOTAL ABC</b>		<b>55,250.00</b>			

**Documentary Requirements:**

Shopping (52.1b)

PhilGEPS Ref. : # 11445612

Mayor's/ Business Permit

PhilGEPS Reg. No.:

Omnibus Sworn Statement [for ABC above 50k]

*Chua 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.