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

REQUEST FOR QUOTATION
No. RFQ-2025-001

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 December 16, 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	UNIT COST	TOTAL COST
			" BREAD/BAKERY PRODUCTS "				
1	100	pk	Buns, hamburger w/sesame seeds 6 servings/pk	60.00	6,000.00		
2	3,500	pc	Pandesal, 35g/pc	5.00	17,500.00		
3	800	lf	Pullman, 21sl/lf	83.00	66,400.00		
4	40	lf	Pullman, wheat, 21sl/lf	95.00	3,800.00		
			(1st QUARTER OF CY 2025 USAGE)				

TOTAL ABC **93,700.00**

Terms and Conditions:
- Freshly baked.
- Delivery Schedule: Tuesday/Friday 5:30 AM.
- Staggered delivery/payment.

12-11-2024

Documentary Requirements:
Nego. Proc (53.9) - Small Value
PhilGEPS Ref. #: 11603461
Mayor's/ Business Permit
PhilGEPS Reg. No
Omnibus Sworn Statement [for ABC above 50k]
ITR [for ABC above 500k]

_____
_____
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.*