



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2025-007

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 19, 2024.

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

Table with 9 columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, BRAND/PACKAGING, UNIT COST, TOTAL COST. It lists various food items like Deli, bacon, Deli, Chicken Longganisa, etc., and includes a summary row for '1st QUARTER of CY 2025 USAGE' with a total ABC of 59,769.00.

Table with 2 columns: PCMC Requirement: and Delivery Period: Seven (7) working days. The second column contains the instruction: Please indicate below your delivery period in number of days.

Terms and Conditions:

- Monthly delivery.
At least six (6) months expiration.
Staggered Delivery/Payment.

Documentary Requirements:

- Nego. Proc (53.9) - Small Value
PhilGEPS Ref No.: 11612298
Mayor's/ Business Permit
PhilGEPS Reg. No.:
Omnibus Sworn Statement [for ABC above 50k]

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.