



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2025-009

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
			" 2025 PATIENT'S USAGE "					
1	200	sk	Rice, Sinandomeng, 50kg	2,900.00	580,000.00			
TOTAL ABC					580,000.00			

Terms and Conditions:

Staggered Delivery/Payment.

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]

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.