

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

			No. RFQ-202	25-066			
Date:							
Name of Supplier: Address:							
Telep	hone No	0.					
Pleas	se quot	e your l	lowest price as per specifications per item lis	sted below th	ru Alternative	Mode of Pro	ocurement -
Nego	otiated	Procur	ement - Small Value on or before Febuary 2	21, 2025.			
Please fax your quotation at 8588-9997 / 8924-0840 or email at pcmcproc@gmail.com c/o JULIUS LUCAS							
NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	UNIT COST	TOTAL COST
1	120	kg	Maya-maya sliced, 4-6pcs/kg	481.50	57,780.00		
			(1st QUARTER OF CY 2025 USAGE)				
			TOTAL ABO		57,780.00		
			ditions:				
Must be fresh. Skin is firm and no offensive odor.							
 Mouth of fish should be cleared, gills bright red, eyes must be transparent clear not reddish in color. 							
Supplier should comply with end-user's specifications. Political Solution Transfer & Friday 7:00 AMA							
 Delivery Schedule: Tuesday & Friday, 7:00 AM. Staggered delivery/payment. 							
	Jugg	ereu ue	envery, payment.				
Documentary Requirements:							1
Nego. Proc (53.9) - Small Value						MM 2-17-2025	
						711 4128	
Mayor's/ Business Permit PhilGEPS Reg. No.:							
	PHINGEP	5 neg. r	vo				
Signa	ature ov	er Printe	ed Name				
Nam	e of Sup	plier					

*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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.

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