



Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

[jrrmmc\\_bacsec@yahoo.com](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

**Date: 26 May 2025**  
**RFQ No.: CBACS-2025-05-1058**  
**PR No.: 2025-05-3468**  
**Finance Service**

**NAME OF COMPANY:** \_\_\_\_\_  
**COMPANY ADDRESS:** \_\_\_\_\_  
**TAX IDENTIFICATION NO.:** \_\_\_\_\_  
**PHILGEPS REGISTRATION NO.:** \_\_\_\_\_

**Jose R. Reyes Memorial Medical Center**, through its Committee on Bids and Awards for Contractual Services (CBACS), intends to procure **One (1) lot Meal (AM & PM Snacks and Lunch for 124 pax)** in accordance with section **53.9** of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative not later than **09:00 AM on 30 May 2025**.

DOCUMENT
<i>Mayor's Permit</i>
<i>Omnibus Sworn Statement</i>

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at [bacsec@jrrmmc.gov.ph](mailto:bacsec@jrrmmc.gov.ph).

**-SGD-**  
**RUFINO T. AGUDERA, MD, FPUA**  
Chairperson, CBACS

**INSTRUCTIONS:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:



Republic of the Philippines  
Department of Health  
JOSE R. REYES MEMORIAL MEDICAL CENTER  
**BIDS AND AWARDS COMMITTEE**

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc\_bacsec@yahoo.com

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	QTY	ABC/UNIT	BID OFFER/ UNIT	TOTAL
Meal (AM & PM Snacks and Lunch for 124 pax)				1 lot	81,840.00		

**TERMS OF PAYMENT:**

*(Please check one)*

☐ **Terms/ Deferred Payment**

☐ **Cheque upon Delivery/Pick-Up**

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD:** June 11, 2025

**JOSE R. REYES MEMORIAL MEDICAL CENTER  
HOSPITAL BIDS AND AWARDS COMMITTEE (CBACS)**

Chairman: Dr. RUFINO T. AGUDERA \_\_\_\_\_

Vice-Chairman: Ms. ROSEMARIE MONTENEGRO-SALIBA \_\_\_\_\_

Members: Ms. ROSERINE ALBANIA \_\_\_\_\_

Ms. AMY DUHAYLUNGSOD \_\_\_\_\_

Mr. JHONY EMMANUEL IBAO \_\_\_\_\_

Alternate Member: \_\_\_\_\_

**PR No.: 2025-04-3468 Finance Service**

**TERMS AND CONDITIONS:**

- Bidders shall provide correct and accurate information required in this form.
- Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of the receipt of Purchase Order/ Job Order.
- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
- Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
- The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
- JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**