



**BIDS AND AWARDS COMMITTEE**

Telephone No. 531-9001 loc. 242

Telefax No. 5318318

E-mail: bacncmh@yahoo.com

Website: www.ncmh.gov.ph

**Section VI**  
*Schedule of Requirements*

**IB No. CS-07-2024-PB**

ITEM NO.	DESCRIPTION	QTY	DELIVERY SITE			DELIVERY PERIOD and TERMS OF PAYMENT
			OFFICE	FACILITY	ADDRESS	
1	1. Application for the Hospital Food Service for the Provision of Service Users' Meal-NCMH NDS Main Facility CY 2024	1 Lot	Nutrition and Dietician Section	NCMH	9 De Febrero Mandaluyong City	A. Delivery in which schedule shall be specified in the Approved Contract Agreement  B. Terms of Payment within 30 days from receipt of Sales Invoice / Official Receipt and upon submission of Accomplishment Report of Service provider to the End-User.
<b>CONFORME:</b>						
<i>(Company Name)</i>						
<i>(Name and Signature of Authorized Representative)</i>						