

**REQUEST FOR QUOTATION**

Date: April 22, 2024  
 RFQ No.: 2024-04-144

Name of Supplier: \_\_\_\_\_  
 Address: \_\_\_\_\_

The Philippine Health Insurance Corporation Regional Office No. V, will undertake **Procurement of Mandatory Drug Testing Services for PhilHealth Regional Office V and its LHIOs Regular and Casual Employees for CY 2024** through NP - Small Value Procurement in accordance with Section 53.9 of the 2016 Revised IRR of RA 9184 with Approved Budget for the Contract in the amount of **Php 126,500.00**

Please quote your best offer for the item/s described herein. Submit your financial quotation duly signed by you or your duly authorized representative, together with the copy of documentary requirements listed below, not later than **April 29, 2024**.

Please submit your sealed quotations at the 2nd Floor PhilHealth RO V, ANST Building IV, Benny S. Imperial St., Legazpi City, to:

*[Signature]*  
**CULBERT DEBARRA**

*[Signature]*  
**SHIRLEY S. VICTORIA**

FC IV/ Acting Chief, Management Services Division  
 Date: *[Signature]*

Official Canvasser (Signature over Printed name)  
 Date: \_\_\_\_\_

After having carefully read and accepted the Terms and Conditions as enumerated below this Form, I/we submit our quotation for the following item/s:

No.	Unit	Item Description/Technical Specification	Qty.	Unit Price	Total
1	lot	Procurement of Mandatory Drug Testing Services for PhilHealth Regional Office V and its LHIOs Regular and Casual Employees for CY 2024	1		
		Drug Screening Test (On-Site) for:			
		a. Metamphetamine			
		b. Tetrahydrocannabinol			
		PRO V (141 pax)			
		LHIO Albay (19 pax)			
		LHIO Camarines Norte (17 pax)			
		LHIO Camarines Sur (34 pax)			
		LHIO Catanduanes (11 pax)			
		LHIO Masbate (16 pax)			
		LHIO Sorsogon (15 pax)			
		(Please see attach technical specifications)			
		XXXXXXXXXX			
		for PRO V use			
		PR24-04-152			

Attached to our quotation are the following documentary requirements, as follows (please put the word **"comply or not comply"** inside the box beside the submitted documents, please do **not** just put a (/) check):

**COMPLIANCE WITH THE DOCUMENTARY REQUIREMENTS**

<input type="checkbox"/>	2024 Mayor's/Business Permit	<input type="checkbox"/>	BIR 2303 (for new supplier)
<input type="checkbox"/>	PhilGEPS Registration Certificate/Number	OTHERS:	
<input type="checkbox"/>	Latest Income/Business Tax Return duly received by BIR	BIR TIN No. (VAT) _____	
<input type="checkbox"/>	Notarized Omnibus Sworn Statement.	(NON-VAT) _____	
<input type="checkbox"/>	Proof of Latest PhilHealth Contribution		

**TERMS AND CONDITIONS**

- Bidders shall provide correct and accurate information required in this form.
- Price quotations must be valid for a period of thirty (30) calendar days from the date of submission.
- Price quotation/s to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- Quotations exceeding the Approved Budget for the Contract shall be rejected.
- Award of contract shall be made to the lowest quotation which complies with the minimum specifications and other terms and conditions stated therein.
- Any erasures or overwriting shall be valid only if they are signed or initialled by you or any of your duly authorized representative/s.
- The item/s shall be delivered according to the specified requirements in the descriptions provided.
- Delivery date period is on date of delivery upon supplier's receipt of Purchase Order/NTP.
- Payment shall be made at the PhilHealth Regional Office V after delivery and upon the submission of the required supporting documents.

**REMINDER**

Please be reminded that the Corporation is implementing the **"NO GIFT POLICY"** (In compliance with R.A. No. 6713 and R.A. No. 3019)

For any violations of this policy or any unethical behaviour from our officers and staff, please contact our

Very truly yours,

Signature over Printed Name

Position/Designation

Telephone/Mobile No. \_\_\_\_\_  
 Email Add: \_\_\_\_\_ Page 1

