

REQUEST FOR QUOTATION

Date: April 22, 2024
RFQ No. : 2024-04-145

Name of Supplier: _____
Address: _____

The Philippine Health Insurance Corporation Regional Office No. V, will undertake **Procurement of Labor/Hauling/Transferring of some LHIO Properties to the additional office of LHIO Catanduanes** 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 70,000.00**

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:**

ROBERT BERNARDO

Official Canvasser (Signature over Printed name)
Date: _____

SHIRLEY S. VICTORIA

Acting Chief, Management Services Division
Date: 4/24

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	unit	Labor/Hauling/Transferring of some LHIO Properties to the additional office of LHIO Catanduanes (10 days work for 10 laborers @P700/day) xxxxx nothing follows xxxxx for LHIO Catanduanes use	10		
PR24-04-148					

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

2024 Mayor's/Business Permit
PhilGEPS Registration Certificate/Number
Latest Income/Business Tax Return duly received by BIR
Notarized Omnibus Sworn Statement.
Proof of Latest PhilHealth Contribution

BIR 2303 (for new supplier)
OTHERS:
BIR TIN No. (VAT) _____
(NON-VAT) _____

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 initialed 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:

