



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office VI
 Galsano City Capital - Iloilo, Luna St., La Paz, Iloilo City
 (033) 330-0233 www.philhealth.gov.ph
 PhilHealth Region VI teamphilhealth

REQUEST FOR QUOTATION


Date: _____

Quotation No. _____

Company Name: _____

Address: _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope duly SEALED, attached herewith. Please submit to Philhealth Local Health Insurance Office Aklan, L. Kristen and OJ's Place, D. Maagma St., Poblacion, Kalibo Aklan.


 Lovelyn Gay C. Flores
 Official Canvasser

NOTE: ALL ENTRIES ARE ENCOURAGED TO BE TYPEWRITTEN/ WRITTEN LEGIBLY
 1. APPROVED BUDGET FOR THE CONTRACT (ABC) is Php 50,246.50
 2. PRICE VALIDITY PERIOD: 90 days
 3. DELIVERY PERIOD: From the start of the Contract until December 31, 2024
 4. TERMS OF PAYMENT: 30 days
 5. A. WARRANTY FOR SUPPLIES:
 B. WARRANTY FOR EQUIPMENT:
 6. WE WITHHELD TAXES APPLICABLE TO ITEMS PURCHASED

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL AMOUNT
	Procurement of LHIO Aklan Courier for CY2024 - April to December 2024	1	Lot		
	Small , maximum 500g	2	pouches		
	Medium, maximum 2kgs	2	pouches		
	Large, maximum 3kgs	126	pouches		
	Purpose: For LHIO Aklan use				
	Please see attached Terms of Reference				
	*****Nothing Follows*****				

Delivery Period: _____
 Warranty: _____
 Price Validity: _____
 Terms of Payment: _____

After having carefully read all the provisions/ conditions provided above, I hereby comply, accept and quote you on the item at prices noted above.

 Printed Name & Signature

 Tel. No./ Cellphone No./ Email Address

 PhilHealth Employer Number

 Date

