



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

## REQUEST FOR QUOTATION

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_  
 Quotation No. 0130-2024

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 **SEALED quotation** duly signed by your representative not later than \_\_\_\_\_ at **Philhealth Regional Office VI, 1st Floor, Gaisano City Mall, Luna St., Lapaz, Iloilo City.**

**BERNADETTE GRACE MAGBANUA**  
 Official Canvasser

- NOTE: ALL ENTRIES ARE ENCOURAGE TO BE TYPEWRITTEN/ WRITTEN LEGIBLY
1. APPROVED BUDGET FOR THE CONTRACT (ABC) IS **P990,000**
  2. PRICE VALIDITY SHALL BE FOR A PERIOD OF **90 CALENDAR DAYS**
  3. DELIVERY PERIOD: Within June 10, 2024 - July 31, 2024 (see attached proposed schedule)
  4. TERMS OF PAYMENT IS: Monthly basis. Payment shall be made within 30 days after receipt of the billing statement for the completed deliveries per schedule of activities for the applicable month.
  5. A. WARRANTY FOR SUPPLIES: N/A  
 B. WARRANTY FOR EQUIPMENT: N/
  6. WE WITHHELD TAXES APPLICABLE TO ITEMS PURCHASED

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL AMOUNT
	<b>Catering Services during the Conduct of KonSulTa Service Delivery Caravan</b>	1	Lot		
	Meals to deliver per KPP schedule within June 10 - July 31, 2024 for 26 KPPs under LHIO Iloilo catchment	26	KPPs		
	<b>AM Snacks:</b> 220 pax per KPP @ 26 KPPs Packed: Pasta/Noodles, Fried Chicken/meatballs & Drinks	5720	pax		
	<b>Lunch :</b> 20 pax per KPP @ 26 KPPs Packed: Rice, Chicken, Pork , Beef, Dessert & Drinks	520	pax		
	<b>PM Snacks:</b> 20 pax per KPP @ 26 KPPS Packed: Stuffed Bread/Sandwich, Drinks	520	pax		
	<b>Purpose: Snacks during LHIO Iloilo's KonSulTa Service Delivery Caravan</b>				
	(See attached TOR)				

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

**NOTE:** If with other conditions/ specifications other than provided above, please indicate below.

Delivery Period: \_\_\_\_\_  
 Warranty: \_\_\_\_\_  
 Price Validity (At least 90 days): \_\_\_\_\_  
 Terms of Payment: \_\_\_\_\_

\_\_\_\_\_  
 Printed Name & Signature

\_\_\_\_\_  
 Tel. No./ Cellphone No./ Email Address

\_\_\_\_\_  
 PhilHealth Employer Number

\_\_\_\_\_  
 Date