



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office IVA
 Lucena Grand Central Terminal, Brgy. Hayang Dupay, Lucena City
 Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ALROSE PRINTING SERVICES**
 Address: 26 Cabana Cor Allarey St.,
 Lucena City
 Tel/Fax No.: (042) 373 7168
 Supplier Registered with: Department of Trade and Industry

PO No.: 20-01-007
 Date: May 26, 2020
 Terms of Payment: on account
 Mode of Procurement: NPSA

Please deliver to this office within 60 days from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	600	reams	PMRF	170.00	102,000.00
			-Paper A4 Size, 52gsm (newsprint) Back to Back, delivered in package of 10 per bundle		
2	60	reams	RE-ISSUANCE FORM	165.00	9,900.00
			-Paper A4 size, 52gsm (newsprint) single side only, delivered in package of 10 per bundle		
					111,900.00
			Less Taxes: 5% VAT	4,995.54	
			1% FWT	999.11	5,994.65
			TOTAL AMOUNT		105,905.35
			Purchase Request No: 2020-01-032		
			Date: 21-Apr-20		

Terms & Conditions:

- The agency shall impose equivalent to 1-40 or 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Purchase Order (PO) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 4pm. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at PhilHealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Hayang Dupay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Retention of PhilHealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of director(s) or employee(s) or create the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUVINAR
 OIC, MSD

Certified Budget Available: <u>111,900.00</u> MA, PAMELA B. LEYNES Fiscal Examiner A With in the COB: 2020 COB Expense Code: 50299000 Budget: 111,900.00 Remarks:	ARON R. RIANO Fiscal Controller IV ROSALYN LIMCUAN Signature over Printed Name and Position of Authorized Representative	Funds Available in the amount of: 111,900.00 APPROVED: EDWIN M. ORINA, M.D. RVP, PRO IVA Received Copy of PO: 06/03/20 Date
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Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION


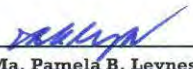

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UNIVERSAL HEALTH CARE
PAHIG HIGAN AT KALITIDA PARA SA LAJAT

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	FOD - MEMSEC	ROF#:	2020-153	May 26, 2020
		CAF#:	2020-153	May 26, 2020
Particulars			Account Code (to be filled out by Budget)	Amount
Printing of PMRF and Re-issuance Form			50299020	111,900.00
Payee: ALROSE PRINTING SERVICES Reference: P.O.#20-01-007				
TOTAL				111,900.00

REQUESTED BY	FUNDS AVAILABLE	CERTIFICATION
Certified: Charges to budget necessary, lawful and under my direct supervision	Certified: Budget Available and earmarked for the purpose, as indicated above	Certified: Funds available for disbursement herein described; in the amount specified
Signature 	Signature 	Signature 
Printed Name Arturo C. Ardiente	Printed Name Ma. Pamela B. Leynes	Printed Name Aron R. Riano
Position Division Chief	Position Budget Officer - Designate	Position Fiscal Controller IV
Office FOD	Office MSD-FMS	Office MSD-FMS
Date _____	Date _____	Date _____
Remarks _____	Remarks _____	Remarks _____





ABSTRACT OF QUOTATIONS

(as supporting document to PO and JO)

QTY	UNIT	ITEM DESCRIPTION	ALROSE PRINTING SERVICES		GILCOR PRINTING PRESS		INNOVATION PRINTSHOPPE, INC.		AG3 COLORS PRINTING PRESS		KING PHIL PRINTING SERVICES	
			UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
600	reams	PMRF	170.00	102,000.00	172.00	103,200.00	242.80	145,680.00	310.00	186,000.00	225.00	135,000.00
		-Paper A4 Size, 52gsm (newsprint) Back to Back, delivered in package of 10 per bundle										
60	reams	RE-ISSUANCE FORM	165.00	9,900.00	172.00	10,320.00	325.00	19,500.00	480.00	28,800.00	435.00	26,100.00
		-Paper A4 size, 52gsm (newsprint) single side only, delivered in package of 10 per bundle										
<p>PR No./ Requesting Unit: <u>2020-01-032 / FOD MEMSEC</u></p> <p>Recommending award to: <u>ALROSE PRINTING SERVICES</u></p> <p>Reason for award: <u>LCRQ</u></p> <p>Delivery Period: <u>60 DAYS</u></p> <p>Warranty: <u>6 MONTHS</u></p> <p>Price Validity: <u>not stated</u></p> <p>Terms of Payment: <u>ON ACCOUNT</u></p> <p>Other info: <u>none</u></p>												
Prepared by:			Recommended by:					Approved by:				
 ALLAN JEFFREY F. DATINGUINOO Clerk III			 JOSEPH ADRIAN R. REJANO OIC, Administrative Services Section					 BENJIE A. CUVINAR OIC, MSD				



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www.philhealth.gov.ph | region4a@philhealth.gov.ph



REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: **MSD-Admin Section**

1. All entries must be typewritten or written legibly in print
2. Except for custom-made items, delivery period shall be within _____ calendar days from receipt of the approved Purchase Order.
3. Standard warranty period: (from date of acceptance by PhilHealth)
For Supplies & Materials: at least six (6) months
For Equipment: at least one (1) year
4. Price validity shall be for a period of 30 calendar days
5. Valid & Current Mayor's Permit/Municipal License
6. Income/Business Tax Return (for ABCs above ₱500K)
7. Omnibus Sworn Statement (for ABCs above ₱50K)
8. PhilHealth Certificate of Good Standing
9. PhilGEPS Registration Number
10. Others: _____ (eg. Swatches, sample materials, lay-out, etc.)

In accordance with the General Conditions, please quote your lowest price on the item/s listed in the matrix below & state the shortest time delivery. This has been posted in the G-EPS website from _____ to _____.

Kindly submit/fax your quotation duly signed by your representative together with the above-mentioned requirements from item nos. 5 to 8 before the close on _____.

ALLAN JEFFREY F. DATINGUINO

Official Canvasser
Tel No: (042) 373 7782
Telefax: (042) 373 7056
email add: procurement.pro4a@gmail.com

CECILIA I. PUREZA
Administrative Officer II

Date: _____ Date: _____

Date: MAY 21, 2020
TO: PhilHealth Regional Office IV-A
Lucena Grand Central Terminal
Brgy. Ilayang Dupay, Lucena City

ATTENTION: _____

After having carefully read and accepted your General Conditions, please refer to the price quotation we have indicated on the space provided for:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
600	reams	PMRF		
		-Paper A4 Size, 52gsm (newsprint) Back to Back, delivered in package of 10 per bundle	₱ 170.-	102,000.-
60	reams	RE-ISSUANCE FORM		
		-Paper A4 size, 52gsm (newsprint) single side only, delivered in package of 10 per bundle	₱ 165.-	9,900.-
		nothing follows		

Delivery Period: 60 DAYS
Warranty: 6 MONTHS
Items available until: _____

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from _____ to _____.

Business Address: 20 CABANA COR. ALLARBY ST BRGY 3
LUCENA CITY
Tel. nos./Fax nos: (042) 373-7168
Email Address: _____

ALROSE PRINTING SERVICES
Corporate Name/ PhilGEPS Registration Number
ROSA LYN S. KIMCUANDO
Signature over Printed Name of Authorized Representative
161-490-709 000 VAT
Tax Identification Number (VAT/ N-VAT)



[My PhilGEPS](#)[My Organization](#)[My Profile](#)[Opportunities](#)[Catalogue](#)[Home](#) | [DSO](#) | [Admin](#) | [Suppliers](#)

Thursday, March 12, 2020 12:33 PM

Allan Jeffrey Datinguino PRO-IVA

[» Log-out](#)

Organization Profile

ALROSE PRINTING SERVICES

26 Cabana corner Allarey Street, Brgy. III

Lucena City

Quezon

Region IV-A

Philippines

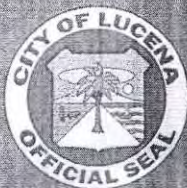
4301

Organization Member Type:	Supplier
Organization Number:	47791
Registration Date:	19-Aug-2008
Registration Type:	Red
Form of Organization:	Single Proprietorship
Organization Type:	Services
Business Category:	Printing Services
Business Tax Identification Number:	161490709000
DTI Certificate Number:	5334297
DTI Registration Date:	24-Apr-2018
Capitalization:	Php 100,000.00
Agency Registration:	No
Blacklisted:	No

Contact

[Limcuando, Rosalyn Sy](#)

63-042-3737168



Republic of the Philippines
Lucena City
OFFICE OF THE CITY MAYOR
BUSINESS PERMIT AND LICENSING OFFICE



Date of Application : **Wednesday, Jan 22, 2020**

Business Index No.: **2008-0000422 / 2020-2806**

Permit No. : **2020-PP-00010**

Date of Issue : **Wednesday, Feb 5, 2020**

Status : **Renewal**

Nationality : **FILIPINO**

Marital Status : **MARRIED**

Kind of Ownership : **SINGLE PROPRIETORSHIP**

Pursuant to Republic Act 7160, otherwise known as the Local Government Code of 1991 and as sanctioned under Section 455, paragraph b. No IV of sub-paragraph III, MAYOR'S BUSINESS PERMIT is hereby granted to:

ALROSE PRINTING SERVICES

#26 CABANA ST., BARANGAY III, LUCENA CITY
Business Address

ROSALYN SY LIMCUANDO
Registered Owner

GRANJA ST. LUCENA
Residence/Principal Address

Printing Press
(Printing and Publication)
Line of Business

THIS PERMIT IS VALID UNTIL
DECEMBER 31, 2020

DOCUMENTARY STAMP
TAX PAID

1062630 (Full 2020)

01/28/2020

Php 17,933.04

LC10307341C
Security Code

SUBJECT TO CONDITIONS STATED HEREOF
REMINDERS

1. Permit granted is a privilege and not a right. Violation of any City Ordinance or prevailing laws immediately revokes your permit to conduct business in the City of Lucena.
2. This permit shall be posted conspicuously at the place where the business is/are being conducted and shall be presented and/or surrendered to competent authorities upon demand.
3. This Business Permit serves only as a grant of authority to do business within the City of Lucena, and cannot be used as a legal evidence and/or as city authorization in any kind of case or legal action pending before any court, tribunal, or any government agency exercising Quasi-Judicial function, including but not limited to any real property disputes.
4. The Business Establishment for which this Business Permit was issued is subject to inspection and verification as to compliance with applicable laws and ordinances by the City Engineering Office, City Health Office, City Treasurer's Office, City PESO Office and Bureau of Fire Protection.
5. In case of closure of business, surrender this permit to the City Treasurer for official retirement within 30 days following the closure.

ERASURE AND/OR ALTERATION WILL INVALIDATE THIS PERMIT



MAYOR RODERICK "DONDON" A. ALCALA



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

SUMMARY OF EMPLOYER SUBMITTED REPORTS

FROM: A Lucena City

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City

Tel. no.: (042) 373 6836 (042) 373 7055 (042) 373 6703 to 04 (042) 373 6704 (fax)

Run Date: 03/12/2020

Run Time: 10:55 AM

Printed By: 30172319

PhilHealth Number : 008000005148 SSS NO : TIN : 161490709
 Employer Name : ALROSE PRINTING SERVICES
 Address : 26 CABANA CORALLAREY ST BGY 3 (POB) LUCENA CITY QUEZON 4301
 Tel No. : 0423737168 Head Of Agency : ROSALYN S. LIMQUANDO
 Report Coverage : ALL

Control no.	File no.	Reporting period	TOTAL COPIES OF				Employees Reported	Amount
			MS	PI	OR	PER		
C10810160802483	CONTRI080002042016	06/2016 - 06/2016	0	0	1	0	5	1,000.00
C10811160801432	CONTRI080002052016	07/2016 - 07/2016	0	0	1	0	4	800.00
C10909160803131	CONTRI080002242016	08/2016 - 08/2016	0	0	1	0	4	800.00
C11005160802493	CONTRI0800022612016	09/2016 - 09/2016	0	0	1	0	4	800.00
C11105160801268	CONTRI080002292016	10/2016 - 10/2016	0	0	1	0	4	800.00
C11216160805034	CONTRI080003332016	11/2016 - 11/2016	0	0	1	0	4	800.00
C10109170803777	CONTRI080003352016	12/2016 - 12/2016	0	0	1	0	4	800.00
C10323170822164	CONTRI080000052017	01/2017 - 01/2017	0	0	1	0	4	800.00
C10322170802398	CONTRI080000042017	02/2017 - 02/2017	0	0	1	0	4	800.00
C10410170802023	CONTRI080000232017	03/2017 - 03/2017	0	0	1	0	4	800.00
C10518170802957	CONTRI080000612017	04/2017 - 04/2017	0	0	1	0	4	800.00
C10608170803186	CONTRI080000652017	05/2017 - 05/2017	0	0	1	0	4	800.00
C10712170801478	CONTRI080001202017	06/2017 - 06/2017	0	0	1	0	4	800.00
C10803170802584	CONTRI080001422017	07/2017 - 07/2017	0	0	1	0	5	1,000.00
C10913170800954	CONTRI080001842017	08/2017 - 08/2017	0	0	1	0	5	1,000.00
C11004170804228	CONTRI080002102017	09/2017 - 09/2017	0	0	1	0	5	1,000.00
C11108170803130	CONTRI080002482017	10/2017 - 10/2017	0	0	1	0	5	1,000.00
C11207170801584	CONTRI080002802017	11/2017 - 11/2017	0	0	1	0	5	1,000.00
C10108180805573	CONTRI080003152017	12/2017 - 12/2017	0	0	1	0	5	800.00
C10207180803774	CONTRI080000332018	01/2018 - 01/2018	0	0	1	0	5	825.00
C10307180804292	CONTRI080000512018	02/2018 - 02/2018	0	0	1	0	5	825.00
C10405180815235	CONTRI080000652018	03/2018 - 03/2018	0	0	1	0	6	825.00
C10507180802546	CONTRI080001222018	04/2018 - 04/2018	0	0	1	0	3	825.00
C10616180802880	CONTRI080001552018	05/2018 - 05/2018	0	0	1	0	3	825.00
C10703180804197	CONTRI080001722018	06/2018 - 06/2018	0	0	1	0	3	825.00
C10811180800165	CONTRI080002122018	07/2018 - 07/2018	0	0	1	0	3	825.00
C10905180803526	CONTRI080002372018	08/2018 - 08/2018	0	0	1	0	3	825.00
C11002180803688	CONTRI080002652018	09/2018 - 09/2018	0	0	1	0	3	825.00
C11105180802777	CONTRI080003012018	10/2018 - 10/2018	0	0	1	0	3	825.00
C11203180802317	CONTRI080003292018	11/2018 - 11/2018	0	0	1	0	3	825.00
C10109190805905	CONTRI080003352018	12/2018 - 12/2018	0	0	1	0	3	825.00
C10204190803387	CONTRI080003332019	01/2019 - 01/2019	0	0	1	0	4	1,100.00
C10305190803422	CONTRI080003522019	02/2019 - 02/2019	0	0	1	0	4	1,100.00
C10401190808180	CONTRI080003822019	03/2019 - 03/2019	0	0	1	0	4	1,100.00
C10503190803348	CONTRI0800041202019	04/2019 - 04/2019	0	0	1	0	4	1,100.00
C10608190800522	CONTRI0800041572019	05/2019 - 05/2019	0	0	1	0	4	1,100.00
C10713190800546	CONTRI0800041902019	06/2019 - 06/2019	0	0	1	0	4	1,100.00
C10810190801292	CONTRI080004192019	07/2019 - 07/2019	0	0	1	0	4	1,100.00
C10904190803071	CONTRI080004452019	08/2019 - 08/2019	0	0	1	0	4	1,100.00
C11005190800418	CONTRI080004732019	09/2019 - 09/2019	0	0	1	0	4	1,100.00
C11108190801270	CONTRI080004922019	10/2019 - 10/2019	0	0	1	0	4	1,100.00
C11209190803596	CONTRI080005312019	11/2019 - 11/2019	0	0	1	0	4	1,100.00
C10118200800277	CONTRI080005312019	12/2019 - 12/2019	0	0	1	0	4	1,100.00
C10210200805292	CONTRI08000532020	01/2020 - 01/2020	0	0	1	0	4	1,200.00



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

SUMMARY OF EMPLOYER SUBMITTED REPORTS

FROM-A Lucena City

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City

Tel. no.: (042) 373 6906 (042) 373 7056 (042) 373 6703 to 04 (042) 373 6704 (fax)

Run Date: 03/12/2020

Run Time: 10:56 AM

Printed By: 30172809

PhilHealth Number : 008000005148 SSS NO : TIN : 161490709
Employer Name : ALROSE PRINTING SERVICES
Address : 26 CABANA CORALLAREY ST BGY 3 (FCB) LUCENA CITY QUEZON 4301
Tel No. : 0423737168 Head Of Agency : ROSALYNS LIMJANDO
Report Coverage : ALL

Control no.	File no.	Reporting period	TOTAL COPIES OF				Employees Reported	Amount
			MES	RFI	OR	PER		
C10310200903452	CONTR080000552020	02/2020 - 02/2020	0	0	1	0	4	1,200.00

TOTAL REPORTS: 89

GILCOR PRINTING PRESS

15 San Ponciano St., San Antonio Homes, Culiat, Quezon City
Tel. Nos.: 879-7560/361-7807/09209021260 Email: gilcor96@yahoo.com
=====

May 21, 2020

TO: **PHILIPPINE HEALTH INSURANCE CORPORATION
REGION - IV A**

Attention: Jonathan Flores Anat
PRO BAC Secretariat Member

Dear Sir/Madam:

We are pleased to quote the following printing requirement as follows:

600 reams of PMRF

-Paper A4 size, 52gsm (newprint) Back to back, delivered in package of 10 per bundle

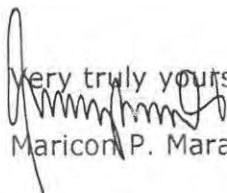
60 reams of Re-Issuance Form

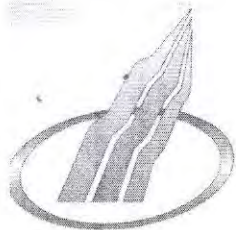
-Paper A4 size, 52gsm (newprint) Back to back, delivered in package of 10 per bundle

Price: Php 172.00 /copy

Total Price: Php 113,520.00

Thank you for giving us the opportunity to quote on your printing requirement and pleased be assured that your order will received our prompt and careful attention.

Very truly yours

Maricon P. Maramba



INNOVATION

PRINTSHOPPE, INC.

1637 Diamante St., San Andres Bukid, Manila
(02) 561 4427 / (02) 563 1419 / (02) 353 7775

innoprint@gmail.com
www.innovationprintshoppe.com

Date : May 22, 2020
For : Philippine Health Insurance Corporation - Region IVA
Attn : Mr. Jonathan Flores Anat
Re : Quotation (Solicitation No. 2020-NPSV-05)

Dear Madam / Sir,

Thank you for allowing us to submit the following quotation/s:

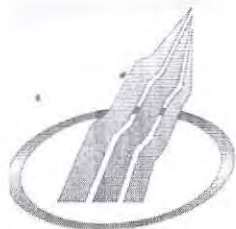
Item/Description		Quantity	Unit	Unit Price	Total Price
<u>PMRF</u>		600	rms	PHP 242.80	PHP 145,680.00
Size	: A4				
Stock	: Newsprint 52gsm				
Print	: 1 color (2 sides)				
Others	: 500 pcs / ream				
Mechanicals	: File supplied				
Proofing	: Includes 1 set of digital proof				
Terms	: 30 days				
Price	: VAT Inclusive				
Validity	: 60 days				
Delivery	: Lucena Grand Terminal Brgy. Ilayang Dupay Lucena City				

We hope for your favorable response and look forward to serving your requirements soon.

Respectfully yours,


Mr. Yves Kenneth Mallari
Sales & Marketing Manager

Conforme:



INNOVATION

PRINTSHOPPE, INC.

1637 Diamante St., San Andres Bukid, Manila
(02) 561 4427 / (02) 563 1419 / (02) 353 7775
innoprint@gmail.com
www.innovationprintshoppe.com

Date : May 22, 2020
For : Philippine Health Insurance Corporation - Region IVA
Attn : Mr. Jonathan Flores Anat
Re : Quotation (Solicitation No. 2020-NPSV-05)

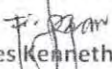
Dear Madam / Sir,

Thank you for allowing us to submit the following quotation/s:

Item/Description	Quantity	Unit	Unit Price	Total Price
<u>Re-Issuance Form</u> Size : A4 Stock : Newsprint 52gsm Print : 1 color (1 side) Others : 500 pcs / ream	60	rms	PHP 325.00	PHP 19,500.00
Mechanicals : File supplied Proofing : Includes 1 set of digital proof Terms : 30 days Price : VAT Inclusive Validity : 60 days Delivery : Lucena Grand Terminal Brgy. Ilayang Dupay Lucena City				

We hope for your favorable response and look forward to serving your requirements soon.

Respectfully yours,


Mr. Yves Kenneth Mallari
Sales & Marketing Manager

Conforme:



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IV-A
Lucena Grand Central Terminal, Brgy. Haying Dupay, Lucena City
Call Center (02) 8441-7442 Contact Number (042) 373-7554
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OFFICE/DEPARTMENT: MSD-Admin Section

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Kindly submit/tax your quotation duly signed by your representative together with the above-mentioned requirements on Mondays, 5 to 8 before the close on _____

ALLAN JEFFREY E. DATINGUINO

Official Convoys

Tel No: (042) 373 7782

Telefax: (042) 373 7056

email add: procurement-pro-4a@gmail.com

CECILIA I. PUREZA

Administrative Officer II

Head:

Date:

Area:

Unit:

PhilHealth Regional Office IV-A

Lucena Grand Central Terminal

Brgy. Haying Dupay, Lucena City

ATTENTION:

After having carefully read and accepted your General Conditions, please refer to the price quotation we have placed on the space provided for:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
600	reams	PMRF		
		-Paper A4 Size, 52gsm (newsprint) Back to Back, delivered in package of 10 per bundle	311.00	186600.00
60	reams	RE-ISSUANCE FORM	480.00	28800.00
		-Paper A4 size, 52gsm (newsprint) single side only, delivered in package of 10 per bundle		
		nothing follows		

Delivery Period:

15-20 days

Warranty:

2 months

Items available until:

120 cal. days

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from _____ to _____

Business Address:

21 STD. ROMINGO ST. BP ROAD 'PACY'
HOLY SPIRIT QUEZON CITY

Tel nos./Fax no:

09175332650

Email Address:

ag3colors@yahoo.com

AG3 COLORS PRINTING PRESS

Corporate Name / PhilGEPS Registration Number

Grace Amour

Signature over Printed Name of Authorized Representative

447-150-492-0021

Tax Identification Number (VAT / N-VAT)





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: MSD-Admin Section

- All entries must be typewritten or written legibly in print
- Except for custom-made items, delivery period shall be within _____ calendar days from receipt of the approved Purchase Order.
- Standard warranty period: (from date of acceptance by PhilHealth)
For Supplies & Materials: at least six (6) months
For Equipment: at least one (1) year
- Price validity shall be for a period of 30 calendar days
- Valid & Current Mayor's Permit/Municipal License
- Income/Business Tax Return (for ABCs above P500K)
- Omnibus Sworn Statement (for ABCs above P50K)
- PhilHealth Certificate of Good Standing
- PhilGEPS Registration Number
- Others: _____ (eg. Swatches, sample materials, lay-out, etc.)

In accordance with the General Conditions, please quote your lowest price on the item/s listed in the matrix below & state the shortest time delivery. This has been posted in the G-EPS website from _____ to _____

Kindly submit/fax your quotation duly signed by your representative together with the above-mentioned requirements from item nos. 5 to 8 before the close on _____

ALLAN JEFFREY F. DATINGUINO

Official Canvasser

Tel No: (042) 373 7782

Telefax: (042) 373 7056

email add: procurement-pro4a@gmail.com

CECILIA I. PUREZA

Administrative Officer II

Date: _____

Date: _____

Date: _____

TO: PhilHealth Regional Office IV-A

Lucena Grand Central Terminal

Brgy. Ilayang Dupay, Lucena City

ATTENTION: _____

After having carefully read and accepted your General Conditions, please refer to the price quotation we have indicated on the space provided for:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
600	reams	PMRF	225.00	135,000.00
		-Paper A4 Size, 52gsm (newsprint) Back to Back, delivered in package of 10 per bundle		
60	reams	RE-ISSUANCE FORM	435.00	26,100.00
		-Paper A4 size, 52gsm (newsprint) single side only, delivered in package of 10 per bundle		
		nothing follows		

Delivery Period: Printing Service

Warranty: 3 months

Items available until: 3 months

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from _____ to _____

Business Address:

172 Orion St. Batasan Hills
Quezon City

Tel. nos./Fax nos:

Email Address:

02-8782 9564

kingphilprinting@yahoo.com

Corporate Name / PhilGEPS Registration Number

Signature over Printed Name of Authorized Representative

Tax Identification Number (VAT / N-VAT)





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



PURCHASE REQUEST (PR)					
PhilHealth Regional Office IVA					
Department / Office :		PRO IV-A		PR No	2020-01-092
Division :		Membership Section		Date :	4/21/2020
Item No.	Unit	Item Description	Qty	Estimated Unit Cost	Estimated Total Cost
1	reams	PMRF: Paper A4 size; 52 gsm (Newsprint) Back to Back, delivered in package of 10 per bundle	600	180.00	108,000.00
2	reams	Re - Issuance Form; Paper A4 size; 52 gsm (Newsprint) Single Sided only, delivered in package of 10 per bundle	60	170.00	10,200.00
					0.00
		*****nothing follows*****			0.00
		C.O.B. / Trust : 2020 COB			
		Expense Code : 50299020			
		Charge to : Membership Section			
		Budget Limit : 118,200.00			
		Signature :			
		Ma. Pamela B. Leynes			
				Grand Total	118,200.00
We certify that the items and corresponding amount listed above are based on the CY 2020 COB and within the approved 2020 APP. All items requested under this PR SHALL NOT, hereinafter, be available for realignment, unless cancelled within the prescribed period.					
PURPOSE: Procurement of Forms					
	Prepared by:	Requested by:	Recommended by:	Approved By:	
Signature :					
Printed Name :	NERISSA L. ABELA	ARTURO C. ARDIENTE	JOSEPH ADRIAN R. REJANO	BENJIE A. CUVINAR	
Designation :	SIO II	Chief, FOD	AO III	OIC, MSD	
Date :					

VERNALYN G. CLEMENTE
Date: **4/21/2020** **12p**





APPROVED BUDGET FOR THE CONTRACT

Procurement of PMRF and Re issuance Forms

Name of the Project

Membership Section

Location of the Project

ABC No. 2020-020
 Date: 4/23/2020

Contract Duration:

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	CURRENT MARKET PRICE	NO. OF DAYS/ NIGHTS (IF APPLICABLE)	SUBTOTAL (g)=(c) (e) (f)	5% CONTINGENCY FOR PRICE ESCALATION (h)=(g)(5%)	TOTAL COST (i)= (g)+(h)
1	PMRF: Paper A4 size; 52 gsm (Newsprint) Back to Back, delivered in package of 10 per bundle	600	reams	180		108,000.00		108,000.00
2	Re - Issuance Form: Paper A4 size; 52 gsm (Newsprint) Single Sided only, delivered in package of 10 per bundle	60	reams	170		10,200.00		10,200.00
TOTAL						118,200.00	PhP	118,200.00

Prepared by:

NERISSA L. ABELA
 SIO II

Certified Funds Available:

ARON R. RIANO
 FC IV

Recommended for Approval

ARTURO C. ARDIENTE
 Division Chief IV, FOD

Approved By:

EDWIN M. ORIÑA, M.D.
 RVP, PRO IVA





ABSTRACT OF QUOTATIONS

(as supporting document to PO and JO)

QTY	UNIT	ITEM DESCRIPTION	ALROSE PRINTING SERVICES		IMPRENTA LUCENTINA		RURALITE ENTERPRISES		VJ7 Printing and Packaging Inc.	
			UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
600	ream	PMRF: Paper A4 size; 52 gsm (Newsprint) Back to Back, delivered in package of 10 per bundle	175.00	105,000.00	250.00	150,000.00	818.70	491,220.00	405.00	243,000.00
60	ream	Re - Issuance Form: Paper A4 size; 52 gsm (Newsprint) Single Sided only, delivered in package of 10 per bundle	165.00	9,900.00	300.00	18,000.00	719.70	43,182.00	522.00	31,320.00
<div>PR No./ Requesting Unit: _____</div> <div>Recommending award to: _____</div> <div>Reason for award: _____</div> <div>Delivery Period: _____</div> <div>Warranty: _____</div> <div>Price Validity: _____</div> <div>Terms of Payment: _____</div> <div>Other info: _____</div>										
Prepared by:			Recommending approval:				Approved by:			
NERISSA L. ABELA SIO II			JOSEPH ADRIAN R. REJANO Administrative Officer III				BENJIE A. CUVINAR Administrative Officer IV			








MATRIX OF CANVASS

for Approved Budget for the Contract

Project Name : Procurement of Forms (New PMRF and Re Issuance Form)

Original ABC/COB : 190,800.00 /

End-User/Implementing Unit : Membership Section

Technical Specifications		ALROSE PRINTING SERVICES		IMPRENTA LUCENTINA		RURALITE ENTERPRISES		VJ7 Printing and Packaging Inc.	
		Complied? Y/N	Amount	Complied? Y/N	Amount	Complied? Y/N	Amount	Complied? Y/N	Amount
a.	PMRF: Paper A4 size; 52 gsm (Newsprint) Back to Back, delivered in package of 10 per bundle (600 reams)	Yes	P/ 175.00 per ream Total: P/105,000.00	Yes	P/250.00 per ream Total: 150,000.00	Yes	P/ 818.70 per ream Total: 491,220.00	Yes	P/ 405.00 per ream Total: 243,000.00
b.	Re-Issuance Form: Paper A4 size; 52 gsm (Newsprint) Single Sided only, delivered in package of 10 per bundle (60 reams)	Yes	P/ 165.00 per ream Total: P/9,900.00	Yes	P/300.00 per ream Total: 18,000.00	Yes	P/ 719.70 per ream Total: 43,182.00	Yes	P/ 522.00 per ream Total: 31,320.00
Total Amount			114,900.00		168,000.00		534,402.00		274,320.00
Passed/Failed		✓ Passed		Passed		Passed		Passed	
Prepared by:			Recommended by:			Approved by:			
 NERISSA L. ABELA, SIO II Name & Designation			 JOSEPH ADRIAN R. REJANO AO III			 BENJIE A. CUVINAR OIC, MSD			



PMRF

PHILHEALTH MEMBER REGISTRATION FORM
UHC v.1 January 2020

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PHILHEALTH IDENTIFICATION NUMBER (PIN)

REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. Always use your PIN in all transactions with PhilHealth.
3. For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
4. Please read instructions at the back before filling-out this form.

PURPOSE:

☐ REGISTRATION ☐ UPDATING/AMENDMENT

Preferred KonSulTa Provider

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I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr., Sr., III)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only)	MONONYM
MEMBER					<input type="checkbox"/>	<input type="checkbox"/>
MOTHER's MAIDEN NAME					<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH mm dd yy yy	PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	PHILSYS ID NUMBER (Optional)

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated	CITIZENSHIP <input type="checkbox"/> FILIPINO <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> DUAL CITIZEN	TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional)

II. ADDRESS and CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name					Home Phone Number
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code					(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER)
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name					Mobile Number (Required)
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code					Business (Direct Line)
					E-mail Address (Required for OFW)

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr., Sr., III)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO MIDDLE NAME (Check if applicable only)	MONONYM	Check if with Permanent Disability
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEMBER TYPE

DIRECT CONTRIBUTOR <input type="checkbox"/> Employed Private <input type="checkbox"/> Kasambahay <input type="checkbox"/> Family Driver <input type="checkbox"/> Employed Government <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Land-Based <input type="checkbox"/> Sea-Based <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Individual <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Foreign National <input type="checkbox"/> Group Enrollment Scheme PRA SRRV No. _____ ACR I-Card No. _____			INDIRECT CONTRIBUTOR <input type="checkbox"/> Listahanan <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Private-sponsored <input type="checkbox"/> PAMANA <input type="checkbox"/> Person with Disability <input type="checkbox"/> KIA/KIPO PWD ID No. _____ <input type="checkbox"/> Bangsamoro/Normalization								
PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker)			MONTHLY INCOME:			PROOF OF INCOME:			<input type="checkbox"/> Point of Service (POS) Financially Incapable <input type="checkbox"/> Financially Incapable		

Republic of the Philippines
Philippine Health Insurance Corporation
 Project Procurement Management Plan
 Calendar Year 2020

Philhealth Regional Office IVA

Procurement Program/Project	Approved Budget for Contract (ABC)	Mode of Procurement	SCHEDULE FOR EACH PROCUREMENT ACTIVITY												Remarks
			Pre-Proc Conference	Ads/Post of ITB	Pre-Bid Conference	Eligibility Check	Sub/Open of Bids	Bid Evaluation	Post Qual	Notice of Award	Contract Signing	Notice to Proceed	Delivery Completion	Acceptance Turnover	
Marketing and Promotional															
Giveaways/Promotional: Hand Towel Members	180,000.00	Negotiated Procurement - Small Value Procurement	08-Apr	13-Apr							20-Apr		15-May	01-Jun	
Giveaways/Promotional: Round-neck Shirt Partners	132,000.00	Negotiated Procurement - Small Value Procurement	08-Apr	13-Apr							20-Apr		15-May	01-Jun	
Meals with Venue - Half day Members	109,000.00	Negotiated Procurement - Small Value Procurement	27-Aug	28-Aug							04-Sep		01-Oct	16-Oct	
Meals with Venue - Half day Members	100,000.00	Negotiated Procurement - Small Value Procurement	29-Oct	30-Oct							06-Nov		02-Dec	17-Dec	
Procurement of Printing and Binding Services															
Forms	190,800.00	Negotiated Procurement - Small Value Procurement	27-Feb	28-Feb							06-Mar		02-Apr	17-Apr	
2nd Quarter															
Procurement of Office Equipment															



Republic of the Philippines
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www.philhealth.gov.ph | region4a@philhealth.gov.ph



Technical Specifications

Procurement of Forms (New PMRF and Re issuance form) for 1st Semester 2020

Objectives:

Procurement of New PMRF and Re Issuance Form to simplify registration and updating procedures.

Approved Budget:

Budgetary Requirement will be charged against Mem Sec COB 2020 Printing and Publication Expenses

600 reams PMRF x 180.00	= 108,000.00
60 reams Re-issuance x 170.00	= 10,200.00

Total P/ 118,200.00

Specific Requirements:

PMRF : Paper A4 Size, 52 gsm (Newsprint) Back to Back, delivered in package of 10 Per bundle

Re-issuance Form : Paper A4 size, 52 gsm Newsprint single sided only, delivered in package of 10 Per bundle

Prepared by:


Nerissa L. Abela
SIO II

Noted by:


Arturo C. Ardiente
Chief, FOD

Recommended by:


Benjie A. Cuvinar
OIC, MSD

Approved by:


Edwin M. Oriña, MD
RVP, PRO IVA





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
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www.philhealth.gov.ph | region4a@philhealth.gov.ph



REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: Membership Section

1. All entries must be typewritten or written legibly in print
2. Except for custom-made items, delivery period shall be within _____ calendar days from receipt of the approved Purchase Order.
3. Standard warranty period: (from date of acceptance by PhilHealth)
For Supplies & Materials: at least six (6) months
For Equipment: at least one (1) year
4. Price validity shall be for a period of 30 calendar days
5. Valid & Current Mayor's Permit/Municipal License
6. Recent BIR, DTI/SEC Registration Certificate and PhilHealth Certificate of Good Standing
7. PhilGEPS Registration Certificate
8. Tax Clearance
9. Others: _____ (eg. Swatches, sample materials, lay-out, etc.)

In accordance with the General Conditions, please quote your lowest price on the item/s listed in the matrix below & state the shortest time delivery. This has been posted in the G-EPS website from _____ to _____.

Kindly submit/fax your quotation duly signed by your representative together with the above-mentioned requirements from item nos. 5 to 9 before the close on _____.

NERISSA L. ABELA

Canvasser

Date: _____

RHONA O. REMOLONA

OIC - Mem Sec

Date: _____

Date: MARCH 03, 2020

TO: PhilHealth Regional Office IV-A
Lucena Grand Central Terminal
Brgy. Ilayang Dupay, Lucena City
ATTENTION: General Services Unit

After having carefully read and accepted your General Conditions, please refer to the price quotation we have indicated on the space provided for:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
600	reams	Specific Requirements: PMRF : Paper A4 size, 52 gsm (Newsprint) Back to Back, delivered in package of 10 per bundle	₱ 175.-	₱ 105,000.-
60	reams	Re-issuance Form : Paper A4 size, ; 52 gsm Newsprint single sided only, delivered in package of 10 per bundle	₱ 165.-	9,900.-

Delivery Period: 60 DAYS

Warranty: 6 MONTHS

Items available until: _____

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from _____ to _____.

Business Address:

26 CABANA COR ALLARBYST
BRGY. 3, LUCENA CITY

Tel. nos./Fax no.: (042) 213-7168

Email Address: _____

ALROSE PRINTING SERVICES

Corporate Name

ROSALYN S. LIMCUANDO

Signature over Printed Name of Authorized Representative

161-490-709-000 VAT

Tax Identification Number





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IV-A
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



UNIVERSAL HEALTH CARE
OF THE PHILIPPINES

REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: Membership Section

1. All entries must be typewritten or written legibly in print
2. Except for custom-made items, delivery period shall be within _____ calendar days from receipt of the approved Purchase Order.
3. Standard warranty period: (from date of acceptance by PhilHealth)
For Supplies & Materials: at least six (6) months
For Equipment: at least one (1) year
4. Price validity shall be for a period of 30 calendar days
5. Valid & Current Mayor's Permit/Municipal License
6. Recent BIR, DTI/SEC Registration Certificate and PhilHealth Certificate of Good Standing
7. PhilGEPS Registration Certificate
8. Tax Clearance
9. Others: _____ (eg. Swatches, sample materials, lay-out, etc.)

In accordance with the General Conditions, please quote your lowest price on the item/s listed in the matrix below & state the shortest time delivery. This has been posted in the G-EPS website from _____ to _____.

Kindly submit/fax your quotation duly signed by your representative together with the above-mentioned requirements from item nos. 5 to 9 before the close on _____.

NERISSA L. ABELA

Canvasser

Date: _____

RHONALYN REMOLONA

OIC - Mem Sec

Date: _____

Date: _____

TO: PhilHealth Regional Office IV-A
Lucena Grand Central Terminal
Brgy. Ilayang Dupay, Lucena City

ATTENTION: General Services Unit

After having carefully read and accepted your General Conditions, please refer to the price quotation we have indicated on the space provided for:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
600	reams	Specific Requirements: PMRF : Paper A4 size, 52 gsm (Newsprint) Back to Back, delivered in package of 10 per bundle	₱ 250.00	₱ 150,000-
60	reams	Re-issuance Form : Paper A4 size, ; 52 gsm Newsprint single sided only, delivered in package of 10 per bundle	₱ 300.00	₱ 18,000-

Delivery Period: _____

Warranty: _____

Items available until: _____

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from _____ to _____.

Business Address:

ISABANG, LUCENA CITY

Tel. nos./Fax no.:

373 1641

Email Address: _____

Corporate Name

IMPRESA LUCENTINA

Signature over Printed Name of Authorized Representative

MA. VICTORIA C. ANTONIO

Tax Identification Number

000 936 354 001





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
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www.philhealth.gov.ph | region4a@philhealth.gov.ph



REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: Membership Section

- All entries must be typewritten or written legibly in print
- Except for custom-made items, delivery period shall be within _____ calendar days from receipt of the approved Purchase Order.
- Standard warranty period: (from date of acceptance by PhilHealth)
For Supplies & Materials: at least six (6) months
For Equipment: at least one (1) year
- Price validity shall be for a period of 30 calendar days
- Valid & Current Mayor's Permit/Municipal License
- Recent BIR, DTI/SEC Registration Certificate and PhilHealth Certificate of Good Standing
- PhilGEPS Registration Certificate
- Tax Clearance
- Others: _____ (eg. Swatches, sample materials, lay-out, etc.)

In accordance with the General Conditions, please quote your lowest price on the item/s listed in the matrix below & state the shortest time delivery. This has been posted in the G-EPS website from _____ to _____.

Kindly submit/fax your quotation duly signed by your representative together with the above-mentioned requirements from item nos. 5 to 9 before the close on _____.

NERISSA L. ABELA

Canvasser

Date: _____

RHONALD REMOLONA

OIC - Mem Sec

Date: _____

Date: _____

TO:

PhilHealth Regional Office IV-A
Lucena Grand Central Terminal
Brgy. Ilayang Dupay, Lucena City

ATTENTION: General Services Unit

After having carefully read and accepted your General Conditions, please refer to the price quotation we have indicated on the space provided for:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
600	reams	Specific Requirements: PMRF: Paper A4 size, 52 gsm (Newsprint) Back to Back, delivered in package of 10 per bundle	818.70	491,220.00
60	reams	Re-issuance Form: Paper A4 size, ; 52 gsm Newsprint single sided only, delivered in package of 10 per bundle	719.70	43,182.00

Delivery Period: _____

Warranty: _____

Items available until: _____

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from _____ to _____.

Business Address:

124 Jael Subd., Ilayang Iyam
Lucena City

Tel. nos./Fax no.: 710-2401

Email Address: ruraliteenterprises@gmail.com

RURALITE ENTERPRISES

Corporate Name

ARMAE SUELA SINDATO

Signature over Printed Name of Authorized Representative

916-428-177

Tax Identification Number



VJ7 PRINTING AND PACKAGING INC.

QUOTATION

(632) 277 9513

1845 P. Gomez Street
Maysan, Valenzuela City
1400 Philippines

Attention: **PHILHEALTH**

Date: 03/03/2020

Quotation No.: 2020-0303-4207

Project Title 1: **RE-ISSUANCE FORM**

SIZE: 8.27 X 11.69
NO. OF LEAVES: 500's / REAM
COLOR: 4 COLORS / 0 COLOR (1 SIDE PRINT)
MATERIAL: NEWSPRINT 52GSM
FINISHING: CUTTING, TRIMMING AND PACKING (PACKED BY 10 REAMS PER BUNDLE)
ARTWORK FILE: PRINT READY FILES TO BE SUPPLIED BY CLIENT WITH 1/8 INCH BLEED ON ALL SIDES
PRINTING: OFFSET PRINTING

Project Title 2: **PMRF**

SIZE: 8.27 X 11.69
NO. OF LEAVES: 500's / REAM
COLOR: 4 COLORS / 4 COLORS
MATERIAL: NEWSPRINT 52GSM
FINISHING: CUTTING, TRIMMING AND PACKING (PACKED BY 10 REAMS PER BUNDLE)
ARTWORK FILE: PRINT READY FILES TO BE SUPPLIED BY CLIENT WITH 1/8 INCH BLEED ON ALL SIDES
PRINTING: OFFSET PRINTING

DESCRIPTION	Quantity	Unit Price (VAT INC)	Total Price (VAT INC)
RE-ISSUANCE FORM	60 REAMS	₱ 522.00	₱ 31,320.00
PMRF	600 REAMS	₱ 405.00	₱ 243,000.00
		Subtotal	
	Tax	12.00%	
		Total	₱

Please refer to the next page for the Terms and Conditions of this quote.

If you are in agreement, please sign the conforme below and send us back a signed copy of the Conforme or a Purchase Order to confirm the order.

CONFORME:

This is to certify that I agree to the price/s quoted and that I have read and understood the Terms and Conditions enumerated on this page.

Authorized _____

BILLING: Please indicate on the space below if the billing should be sent to a different person or company. Otherwise, we will issue billing to the addressee and the company stated on this quotation.

VJ7 PRINTING AND PACKAGING INC.

TERMS & CONDITIONS

1. This quotation is binding between VJ7 Printing and Packaging Inc. and the Company, hereinafter referred to as "Client."
2. The price/s quoted is on a PER PIECE and was computed based on the specifications listed above. Should there be any change/s in the job specification, the printer has the right to submit a new quote and offer a new price.
3. **Price/s quoted is valid only for 30 days from the date of quote.**
4. Unit prices quoted is VAT INC.
5. **Payment terms: 30 DAYS upon delivery and issuance of Billing Statement.**
6. Client will provide in PDF format, print-ready artwork file (no lower than 300dpi. Should there be a need to change or revise file/s, corresponding charges will apply,
7. Client takes full responsibility for all artworks and images used in the printed materials and releases VJ7 Printing from all and any copyright infringements.
8. Delivery lead-time is dependent upon the volume and approval of final proof and submission of signed conform or purchase order.
9. Delivery lead-time is counted from the date of receipt of final approved proof of artwork.
10. VJ7 Printing and Packaging, unless expressly stated through writing, is granted permission to the use of the client's finished printed materials for advertising and self-promotion on social media and in print.
11. If client requires installation, it has to be scheduled and client agrees to give notice 2 to 3 days ahead of target installation date.
12. Cancelled installations due to:
 - a. Natural Calamities/Power Shortages/Unplanned Holidays declared by the government - VJ7 Printing cannot be held liable for the cancellation and ensuing charges.
 - b. Cancellation of scheduled installation by the Client due to changes in plans or non-availability of the necessary permits or any site problem not discussed is subject to a cancellation fee of Php2,000.00
12. Site preparation such as removal of existing stickers/wallpapers, etc... or the need to dismantle prior to the installation of a new job must be advised by Client and is subject to additional charges.
13. Client must handle all the necessary permits required in the installation process. A copy of these permits must be sent to VJ7 Printing and Packaging either via fax or email 2-days before the installation date.
14. For rush orders where Client agrees that no proof is submitted prior to print run, VJ7 Printing and Packaging Inc. shall not be liable for any error or omissions that may occur.
15. VJ7 Printing and Packaging, Inc. cannot be held liable for the misuse, abuse or wrong information supplied, or wrong usage of products (example: stickers washed with brushes that may scratch the print and material, sticker exposed to direct sunlight in the interior of a room which causes the sticker to discolour or peel off.)
16. **Late payment is subject to 2% monthly interest**

This is to certify that I agree to the price/s quoted and that I have read and understood the Terms and Conditions enumerated on this page.

CONFORME:

Authorized Signatory (Please print name and sign)

Date



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



UNIVERSAL HEALTH CARE
Kalusugan sa Kaunlaran para sa Lahat

REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: MSD-Admin Section

- All entries must be typewritten or written legibly in print
- Except for custom-made items, delivery period shall be within _____ calendar days from receipt of the approved Purchase Order.
- Standard warranty period: (from date of acceptance by PhilHealth)
For Supplies & Materials: at least six (6) months
For Equipment: at least one (1) year
- Price validity shall be for a period of 30 calendar days
- Valid & Current Mayor's Permit/Municipal License
- Income/Business Tax Return (for ABCs above ₱500K)
- Omnibus Sworn Statement (for ABCs above ₱50K)
- PhilHealth Certificate of Good Standing
- PhilGEPS Registration Number
- Others: _____ (eg. Swatches, sample materials, lay-out, etc.)

In accordance with the General Conditions, please quote your lowest price on the item/s listed in the matrix below & state the shortest time delivery. This has been posted in the G-EPS website from _____ to _____.

Kindly submit/fax your quotation duly signed by your representative together with the above-mentioned requirements from item nos. 5 to 8 before the close on _____.

ALLAN JEFFREY F. DATINGUINO

Official Canvasser
Tel No: (042) 373 7782
Telefax: (042) 373 7056
email add: procurement.pro4a@gmail.com

CECILIA I. PUREZA

Administrative Officer II

Date: _____ Date: _____

Date: _____

TO: PhilHealth Regional Office IV-A
Lucena Grand Central Terminal
Brgy. Ilayang Dupay, Lucena City

ATTENTION: _____

After having carefully read and accepted your General Conditions, please refer to the price quotation we have indicated on the space provided for:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
600	reams	PMRF		
		-Paper A4 Size, 52gsm (newsprint) Back to Back, delivered in package of 10 per bundle		
60	reams	RE-ISSUANCE FORM		
		-Paper A4 size, 52gsm (newsprint) single side only, delivered in package of 10 per bundle		
		nothing follows		

Delivery Period: _____
Warranty: _____
Items available until: _____

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from _____ to _____.

Business Address: _____

Corporate Name / PhilGEPS Registration Number

Tel. nos./Fax no.: _____
Email Address: _____

Signature over Printed Name of Authorized Representative

Tax Identification Number (VAT / N-VAT)





PhilGEPS

Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities

[Help](#)

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 6995963
Procuring Entity PHILIPPINE HEALTH INSURANCE CORPORATION - REGION - IV A
Title 2020-NPSV-05 PMRF and Re-Issuance Form
Area of Delivery Quezon

Solicitation Number:	2020-NPSV-05	Status	Pending
Trade Agreement:	Implementing Rules and Regulations		
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	2
Classification:	Goods	Bid Supplements	0
Category:	Printing Services		
Approved Budget for the Contract:	PHP 118,200.00	Document Request List	0
Delivery Period:	60 Day/s		
Client Agency:		Date Published	15/05/2020
Contact Person:	Jonathan Flores Anat PRO BAC Secretariat Member Lucena Grand Central Terminal Brgy. Ilayang Dupay Lucena City Quezon Philippines 4301 63-42-3737782 jonathan.anat1321@gmail.com	Last Updated / Time	14/05/2020 08:18 AM
		Closing Date / Time	22/05/2020 01:00 AM
Description 600 reams of PMRF -Paper A4 size, 52gsm (newprint) Back to back, delivered in package of 10 per bundle 60 reams of Re-Issuance Form -Paper A4 size, 52gsm (newprint) Back to back, delivered in package of 10 per bundle			

Created by Jonathan Flores Anat
Date Created 14/05/2020

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.

ACTIVITY MONITORING and ROUTE SLIP

SBAC/PROCUREMENT UNIT

Date & Time Received: 4/21/2020 12PM	Expense Code: 50299020	Purchase Request No.: 2020-01-032
Project Title: PMRF and Re-Issuance Form	Originating Unit/Office: MEMSEC	
ABC/Total Est. Cost: P118,200.00	Mode of Procurement: NP - Small Value Procurement	

ACTIVITY	PERSONNEL ASSIGNED	DATE & TIME ACCOMPLISHED	SIGNATURE	REMARKS
Initial Assessment of Required Docs	V. Clemen	4/21 1:40pm	[Signature]	Required Documents to be submitted in 3 sets (original & 2 copies): 1. PMP/APP 2. PR in 3 original copies 3. ABC in 2 original copies 4. Tech Specs 5. DAF (for CAPEX & Semi-Expendables) 6. ISSP/Clearance for IT Equipment 7. Other Docs
Validation & Updating of PMP/SEPP	C. Pureza	4/22 8:30	[Signature]	
Preparation of RFQ	A. Datinguino	5/13/2020	[Signature]	
PhilGEPS Posting (required for ABC above 50K)	SBAC - A. Villanueva J. Anad	5/14/2020	[Signature]	Published Date: 5/15/2020 Reference Number: 6995963 Closing Date: 5/22/2020 Print-out of Posting to PhilGEPS as ACTIVE
Requesting of Quotation from Supplier	A. Datinguino	5/22/2020	[Signature]	Number of Suppliers sent: 5 Number of RFQs received: 5
Preparation of AoQ	A. Datinguino	5/26/2020	[Signature]	LCQ: Alrosc Printing services 1. Mayor's/Business Permit 2. PhilGEPS registration number 3. PhilHealth Certificate of Good Standing/Copy of Remittance 4. Omnibus Statement for project with ABC above 50K 5. ITR/Business Tax Return with ABC above 500K
Preparation of PO	A. Datinguino	5/26/2020	[Signature]	May 23-25, 2020 (Sat, Sun & Holidays)
Serving of PO	A. Datinguino	6/3/2020	[Signature]	
Posting of Contract to PhilGEPS	SBAC - A. Villanueva			Published Date: _____ Award Notice Number: _____ Print-out of Posting to PhilGEPS Corp. Website: _____ Date Emailed: _____ Email Address: _____

ROUTE HISTORY

Date & Time Issued	From	Issued to	REMARKS	Date & Time Received	Signature
4/21/2020	Vern	Cenille	ABC no embro number	4/22/2020	[Signature]
4/22/2020	Cenille	Vern	No blank form of RFQ	4/22/2020	[Signature]
4/23 8am	Vern	End-user	for compliance & end-user	4/23/2020	[Signature]
4/27 11am	End-user	SBAC	for compliance	4/27 11am	[Signature]
4/27	Cenille	Allan	for purchase (4-30 to 5-12 w/4 & leave)	5/29/2020	[Signature]
5/14/2020	Allan	J. Anad	For posting to Philgeps	5/14/2020	[Signature]
5/14/2020	J. Anad		Posted to Philgeps	5/14/2020	[Signature]
5/26/2020	Allan	Sup	for signature of AOC	5/26/2020	[Signature]

3BAC/PROCUREMENT UNIT

Purchase Request No.: 2020-01-032

Originating Unit/Office: MEMSEC

Mode of Procurement: NP - Small Value Procurement

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