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

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **METRO RETAIL STORES GROUP INC.**
Address: ML Tagarao St., Brgy III, Lucena City
Tel.Fax No.: 09502424528
Supplier Registered with: Security and Exchange Commission

PO No. **20-01-057**
Date: **August 26, 2020**
Terms of Payment: COD
Mode of Procurement: Emergency Proc.

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	gallons	LIQUID DISINFECTANT 1. Active ingredient: sodium hypochlorite 2. Volume: 1 gallon 3. Bottle: plastic bottles / HDPE	134.50	1,345.00
					1,345.00
			Less Taxes: 5% VAT	60.04	
			1% EWT	12.01	72.05
				TOTAL AMOUNT	**1,272.95**
			Purchase Request No: 2020-01-058 **Date: 9-Jul-20**		

Terms & Conditions:

1. The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
2. 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 acknowledge to have been received by a representative either through fax or email.
3. Delivery of the above item(s) shal be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast 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. Ilayang Dupay, Lucena City.
4. Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
5. 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.
6. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration 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 directorsor employees, or create the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUVINAR
OIC, MSD

Certified Budget Available:
MA. PAMELA B. LEYNES
Fiscal Examiner A

Funds Available in the amount of: 1,345.00
ARON R. RIANO
Fiscal Controller IV

With in the COB:	2020 COB
Expense Code:	50203990
Budget:	1,345.00
Remarks:	

APPROVED:
EDWIN M. ORIÑA, M.D.
RVP, PRO IVA

Conforme:
REMEDIOS M. NUYDA
Signature over Pinted Name and Position of Authorized Representative

Received Copy of PO: 9/7/2020
Date

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UNIVERSAL HEALTH CARE

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	ADMIN	ROF#:	2020-0237	08/27/2020
		CAF#:	2020-0237	08/27/2020

Particulars	Account Code (to be filled out by Budget)	Amount
PAYMENT FOR PROCUREMENT OF SUPPLIES OF PRO IVA.	50203990	₱1,345.00
Payee: **METRO RETAIL STORES GROUP, INC.**		
Reference: **20-01-057**		
TOTAL		**₱1,345.00**

REQUESTED BY	FUNDS AVAILABLE	CERTIFICATION
Certifed: Charges to budget necessary, lawful and under my direct supervision	Certifed: Budget available and earmarked for the purpose, as indicated above	Certifed: Funds available for disbursement herein described; in the amount specified
Signature:	Signature:	Signature:
Printed Name: **Joseph Adrian R. Rejano**	Printed Name: **Ma. Pamela B. Leynes**	Printed Name: **Aron R. Riano**
Position: **AO II**	Position: **Budget Officer - Designate**	Position: **Fiscal Controller IV**
Office: **ADMIN**	Office: **MSD-FMS**	Office: **MSD-FMS**
Date: 8/27	Date:	Date:
Remarks:	Remarks:	Remarks:

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UNIVERSAL HEALTH CARE

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	ADMIN	ROF#:	2020-0237	08/27/2020
		CAF#:	2020-0237	08/27/2020

Particulars	Account Code (to be filled out by Budget)	Amount
PAYMENT FOR PROCUREMENT OF SUPPLIES OF PRO IVA.	50203990	₱1,345.00
Payee: METRO RETAIL STORES GROUP, INC.		
Reference: 20-01-057		
TOTAL		**₱1,345.00**

REQUESTED BY	FUNDS AVAILABLE	CERTIFICATION
Certifed: Charges to budget necessary, lawful and under my direct supervision	Certifed: Budget available and earmarked for the purpose, as indicated above	Certifed: Funds available for disbursement herein described; in the amount specified
Signature:	Signature:	Signature:
Printed Name: **Joseph Adrian R. Rejano**	Printed Name: **Ma. Pamela B. Leynes**	Printed Name: **Aron R. Riano**
Position: **AO III**	Position: **Budget Officer - Designate**	Position: **Fiscal Controller IV**
Office: **ADMIN**	Office: **MSD-FMS**	Office: **MSD-FMS**
Date:	Date:	Date:
Remarks:	Remarks:	Remarks:

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

ABSTRACT OF QUOTATIONS

(as supporting document to PO and JO)

QTY	UNIT	ITEM DESCRIPTION	METRO RETAIL STORES GROUP INC.		DYNAST COSMETICS AND HOUSEHOLD MANUFACTURING INC.		ACE HARDWARE PHILIPPINES INC.		SUPER SHOPRITE		SUPERVALUE INC.	
			UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
10	gallons	LIQUID DISINFECTANT 1. Active ingredient: sodium hypochlorite 2. Volume: 1 gallon 3. Bottle: plastic bottles / HDPE	**134.50**	**1,345.00**	300.00	3,000.00	144.75	1,447.50	130.00	1,300.00	1,600.00	16,000.00
									-no stocks available			

PR No./ Requesting Unit: **2020-01-058/ ADMIN**
Recommending award to: ***METRO RETAIL STORES GROUP INC.***
Reason for award: ***LCRQ***
Delivery Period: ***15 days***

Warranty: ***not stated***
Price Validity: ***not stated***
Terms of Payment: ***ON ACCOUNT***
Other info: ***none***

Prepared by:	*Recommending approval:*	*Approved by:*
ALLAN JEFFREY F. DATINGUINOO Clerk III	**JOSEPH ADRIAN R. REJANO** OIC, Administrative Services Section	**BENJIE A. CUVINAR** OIC, MSD

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IVA
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www.philhealth.gov.ph regional.a@philhealth.gov.ph

REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: **MED-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 ABC's above ₱500K)
7. Omnibus Sworn Statement (for ABC's above ₱50K)
8. PhilHealth Certificate of Good Standing
9. PhilGEPS Registration Number
10. Others _____ (eg. Swatches, sample materials, etc., 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. DATINGUINOO
Official Canvasser
Tel No: (042) 373-7782
Tele Fax: (042) 373-7656
email add: procurement.prmo@gmail.com
Date: _____

7/13/2020
CECILIA I. PUREZA
Administrative Officer II
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
14	sets	**FOOT BATH** 1. Type: disinfecting footbath with durable rubber dirt mat, any color with heavy duty plastic tray or stainless steel tray 2. size: at least 17" x 30"	N/A	
10	gallons	LIQUID DISINFECTANT 1. Active ingredient: sodium hypochlorite 2. Volume: 1 gallon 3. Bottle: plastic bottles / HDPE Zonrox Floral Scent	134.50	1,345.00
		Delivery Period: at least 15days after receipt of Purchase Order		
		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: _____

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

Metro Retail Stores Group Inc.
Corporate Name / PhilGEPS Registration Number
Bethelda P Fontanilla
Signature over Printed Name of Authorized Representative
_____
Tax Identification Number (VAT / N-VAT)

Republic of the Philippines
Lucena City

OFFICE OF THE CITY MAYOR

BUSINESS PERMIT AND LICENSING OFFICE

2020

Date of Application :	Tuesday, Jan 14,2020	Status :	Renewal
Business Index No :	2003-0000597 / 2020-1756	Nationality :	***Not Applicable***
Permit No :	2020-RR-08786	Marital Status :	***Not Applicable***
Date of Issue	Monday, Jan 27,2020	Kind of Ownership :	CORPORATION

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:

METRO RETAIL STORES GROUP, INC.

M.L. TAGARAO STREET, BARANGAY III, LUCENA CITY
Business Address

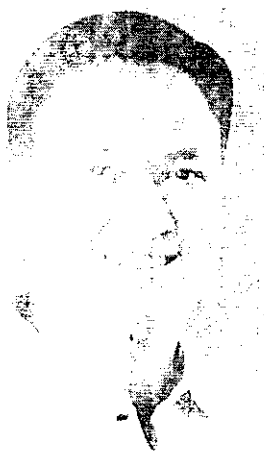
. .. METRO RETAIL STORES GROUP, INC.
Registered Owner

M.L. TAGARAO STREET, BARANGAY III, LUCENA CITY
Residence/Principal Address

Department Store | Retailer-Essential | Dealer/Distributor | Other wholesaler-essential | Restaurants | Bakery/Bakeshop | Watch repair | Pharmacy | Retailers
Line of Businesses

DOCUMENTARY STAMP TAX PAID
1062203 (1st Quarter 2020)
01/27/2020
PhP 3,112,094.53
LC10300385E
Security Code

THIS PERMIT IS VALID UNTIL
DECEMBER 31, 2020



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

Organization Profile

METRO RETAIL STORES GROUP, INC.
Vicsal Building Corner of C.D Seno & W.O Seno Sts., Guizo, North Reclamation Area
Mandaue City
Cebu
Region VII
Philippines

Organization Member Type:	Supplier
Organization Number:	126611
Registration Date:	14-Aug-2014
Registration Type:	Red
Form of Organization:	Corporation
Organization Type:	General Merchandise
Business Category:	Lease and Rental of Property or Building
Business Tax Identification Number:	226527915000
SEC Certificate Number:	CS200315877
SEC Registration Date:	03-Jul-2014
Capitalization:	Php 10,000,000,000.00
Agency Registration:	No
Blacklisted:	No

Contact	
Regis, Estrella M	63-923-92371004678
Pacaral, Jade Alexis De La Rama	63-923-1004678
Manalad, Mary Grace	63-923-7026845
Beltran, Pia Janice Silva	63-932-6131689

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

SUMMARY OF EMPLOYER SUBMITTED REPORTS

PRO IV-A Lucena City
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Tel. no.: (042) 373 6936 (042) 373 7056 (042) 373 6703 to 04 (042) 373 6704 (fax)

Run Date 09/26/2020
Run Time 11:11 AM
Printed By 3017809

PhilHealth Number : 012000033006 SSS NO : TIN : 226527915000
Employer Name : METRO RETAIL STORES GROUP INC
Address : VICSAL BLDG CD SENDO ST GUIZO MANDALE CITY CEBU 6014
Tel No. : 2369530 Head Of Agency : NIMFA V TABASA
Report Coverage : ALL

Control no.	File no.	Reporting period	TOTAL COPIES OF MES	RF1	CR	PER	Employees Reported	Amount
C10419191200070	CONTRI120001072019	03/2019 - 03/2019	0	0	1	0	8960	3,222,035.92
C10419191200002		03/2019 - 03/2019	0	0	1	0	8960	3,222,035.92
C10519191200071		04/2019 - 04/2019	0	0	1	0	8763	3,556,872.82
C10519191200191	CONTRI120001372019	04/2019 - 04/2019	0	0	1	0	8763	3,556,872.82
C10625191201442	CONTRI120001722019	05/2019 - 05/2019	0	0	1	0	8858	3,396,793.58
C10724191202100	CONTRI120002022019	06/2019 - 06/2019	0	0	1	0	9006	3,612,467.00
C10820191201378	CONTRI120002292019	07/2019 - 07/2019	0	0	1	0	9136	3,409,554.40
C10918191203109	CONTRI120002582019	08/2019 - 08/2019	0	0	1	0	9094	3,583,899.90
C11108191203068	CONTRI120002902019	09/2019 - 09/2019	0	0	1	0	9087	3,626,975.56
C11123191200537	CONTRI120003062019	10/2019 - 10/2019	0	0	1	0	9467	3,563,454.74
C11220191200029	GGPOST120000352019	11/2019 - 11/2019	0	0	1	0	10176	3,888,780.50
C10120201201051	GGPOST120000642019	12/2019 - 12/2019	0	0	1	0	10353	4,218,976.02
C10303201202279	CONTRI120000592020	01/2020 - 01/2020	0	0	1	0	10197	4,444,572.78
C10318201201275	GGPOST120000682020	02/2020 - 02/2020	0	0	1	0	10110	3,922,678.38
C10419201200146	GGPOST120000882020	03/2020 - 03/2020	0	0	1	0	9349	3,827,734.24
C10520201200780	GGPOST120001182020	04/2020 - 04/2020	0	0	1	0	8903	3,651,131.28
C10722201200631	GGPOST120001722020	05/2020 - 05/2020	0	0	1	0	8792	3,575,529.74
C10715201200120	GGPOST120001652020	06/2020 - 06/2020	0	0	1	0	8746	3,421,701.02
C10819201200214	GGPOST120002002020	07/2020 - 07/2020	0	0	1	0	7936	3,280,876.60

TOTAL REPORTS: 151

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

REQUEST FOR QUOTATION

ALLAN JEFFREY E. [illegible]

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
14	pcs	FOOT BATH – FOOT TRAY – made of nickel – COIL MAT – made of heavy plastic 1. Type: [illegible] 2. Size: 42cm x 60cm 3. SPRAYER / SCRATCHING	1,200.00	16,800.00
10	gallon	LIQUID DISINFECTANT 1. Active ingredient: Benzalkonium Chloride 2. Volume: 1 gallon 3. Bottle: plastic bottle	800.00	8,000.00
		Delivery Period: at least [illegible] days after receipt of Purchase Order		

10.5' × 23.6"

Delivery Period: ONE WEEK AFTER PLACEMENT OF ORDER

Warranty: 10 DAYS

Stock availability: ALWAYS AVAILABLE

DYNAST COSMETICS AND HOUSEHOLD MFG. INC.

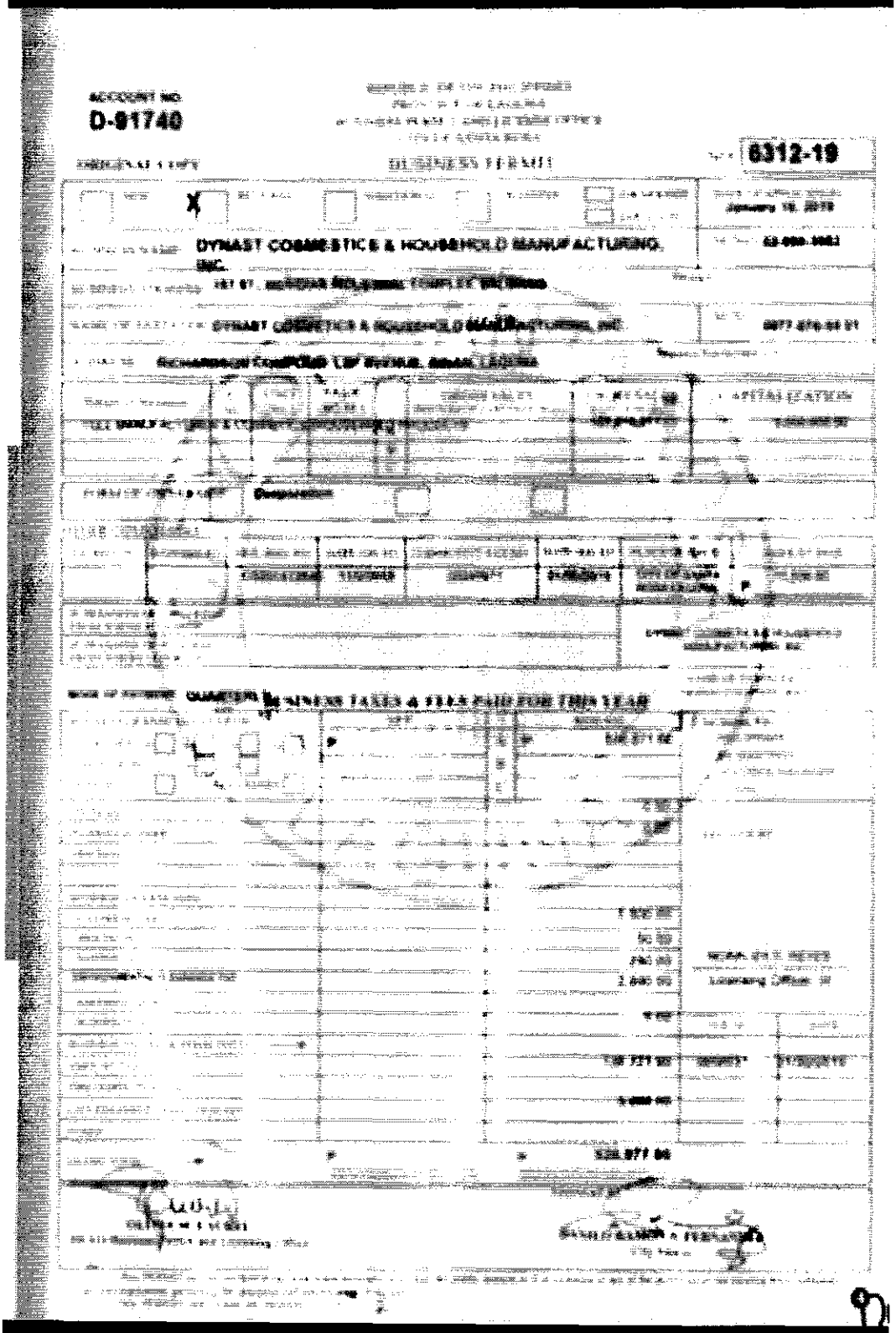
Company Name / Name of Proprietor

ODETTE C. SINAY

Signature over Printed Name of Authorized Representative

008-511-789-000

Tax Identification Number (TIN)



D-91740

6312-19

DYNAST COSMETICS & HOUSEHOLD MANUFACTURING, INC.

Organization Profile

DYNAST COSMETICS & HOUSEHOLD MFG. INC.
1st Street Meridian industrial Complex Brgy. Balibago
Sta. Rosa
Laguna
Region IV-A
Philippines

Organization Member Type:	Supplier
Organization Number:	310248
Registration Date:	07-Jul-2020
Registration Type:	Red
Form of Organization:	Corporation
Organization Type:	Manufacturer
Business Category:	Janitorial Supplies, Personal Care Products
Business Tax Identification Number:	008811789000
SEC Certificate Number:	CS201412840
SEC Registration Date:	02-Jul-2014
Capitalization:	Php 10,000,000.00
Agency Registration:	No
Blacklisted:	No

Contact	
Canonizado, Napoleon Salmasan	63-49-5301130

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 6936 (042) 373 7056 (042) 373 6703 to 04 (042) 373 6704 (fax)

Run Date 07/16/2020
Run Time 11:47 AM
Printed By 30577717

Phil-health Number : 008030003707 SSS NO : TIN : 008811789

Employer Name : DYNAST COSMETICS AND HOUSEHOLD MANUFACTURING INC

Address : 1ST ST MERIDIAN INDUSTRIAL CMPLX BALIBAGO STA. ROSA LAGUNA 4026

Tel No. : Head Of Agency : NAPOLEON S. CANONIZADO

Report Coverage : ALL

Control no.	File no.	Reporting period	TOTAL COPIES OF ME-5	RF1	CR	PBR	Employees Reported	Amount
C11030180802507		09/2018 - 09/2018	0	0	1	0	101	28,435.00
C11030180803971	CONTRI08000294 2018	09/2018 - 09/2018	0	0	1	0	101	28,435.00
C11129180802636	CONTRI08000325 2018	10/2018 - 10/2018	0	0	1	0	99	27,348.75
C11118190800077	30409713080000082018	10/2018 - 10/2018	0	1	2	0	16	4,400.00
C11118190800078	30409713080000082018	11/2018 - 11/2018	0	1	2	0	17	4,675.00
C11226180800611	CONTRI08000352 2018	11/2018 - 11/2018	0	0	1	0	109	30,635.00
C11118190800079	30409713080000082018	12/2018 - 12/2018	0	1	2	0	16	4,400.00
C10121190802690		12/2018 - 12/2018	0	0	1	0	108	29,535.00
C10121190803957	CONTRI08000379 2018	12/2018 - 12/2018	0	0	1	0	108	29,535.00
C11118190800080	30409713080000192019	01/2019 - 01/2019	0	1	2	0	19	5,225.00
C10301190801299		01/2019 - 01/2019	0	0	1	0	105	30,835.54
C10301190803225	CONTRI08000057 2019	01/2019 - 01/2019	0	0	1	0	105	30,835.54
C10402190801568		02/2019 - 02/2019	0	0	1	0	105	30,743.85
C10402190803359	CONTRI08000089 2019	02/2019 - 02/2019	0	0	1	0	105	30,743.85
C11118190800081	30409713080000192019	02/2019 - 02/2019	0	1	2	0	18	4,950.00
C10426190802008		03/2019 - 03/2019	0	0	1	0	103	30,735.52
C10426190803400	CONTRI08000113 2019	03/2019 - 03/2019	0	0	1	0	103	30,735.52
C11118190800082	30409713080000192019	03/2019 - 03/2019	0	1	2	0	15	4,125.00
C10604190801746		04/2019 - 04/2019	0	0	1	0	119	35,088.52
C10604190803375	CONTRI08000153 2019	04/2019 - 04/2019	0	0	1	0	119	35,088.52
C11118190800083	30409713080000192019	04/2019 - 04/2019	0	1	3	0	3	825.00
C10524190802763		05/2019 - 05/2019	0	0	1	0	119	32,423.20
C11118190800085	30409713080000192019	05/2019 - 05/2019	0	1	2	0	3	825.00
C10624190804454	CONTRI08000171 2019	05/2019 - 05/2019	0	0	1	0	119	32,423.20
C10724190802904	CONTRI08000201 2019	06/2019 - 06/2019	0	0	1	0	114	32,414.87
C11118190800086	30409713080000192019	06/2019 - 06/2019	0	1	2	0	2	550.00
C10822190803013	CONTRI08000231 2019	07/2019 - 07/2019	0	0	1	0	116	31,964.88
C11118190800087	30409713080000192019	07/2019 - 07/2019	0	1	2	0	1	275.00
C10930190812422	CONTRI08000268 2019	08/2019 - 08/2019	0	0	1	0	117	32,216.76
C11108190806074	CONTRI08000292 2019	09/2019 - 09/2019	0	0	1	0	109	32,309.83
C11121190801357	GGPOST08000011 2019	10/2019 - 10/2019	0	0	1	0	107	31,460.24
C11226190802293	GGPOST08000041 2019	11/2019 - 11/2019	0	0	1	0	107	30,883.31
C10121200803142	GGPOST08000065 2019	12/2019 - 12/2019	0	0	1	0	105	30,952.06
C10220200800598	GGPOST08000006 2020	01/2020 - 01/2020	0	0	1	0	106	32,823.84
C10323200800212	GGPOST08000057 2020	02/2020 - 02/2020	0	0	1	0	98	33,318.84
C10714200803102	GGPOST08000168 2020	03/2020 - 03/2020	0	0	1	0	100	31,928.48
C10714200803101	GGPOST08000168 2020	06/2020 - 06/2020	0	0	1	0	98	25,581.97

TOTAL REPORTS: 125

ACE HARDWARE PHILIPPINES, INC.

2nd Floor, SM City Lucena, Dalahican Road Cor. Maharlika Highway, Brgy. Ibabang Dupay, Lucena City
Mobile No. 0917-8245645 / Customer Service: 042-710-5948
Email: acehardware.lucena@yahoo.com.ph
Vat Reg. TIN 200-035-311-015

Date: JULY 13, 2020

To: PHILHEALTH LUCENA

Re: **Item Quotation**

We are pleased to quote the following item/s you requested

SKU	Description	Unit	Qty	Price	Total
10158771	RC CONNECTIBLE SANITIZING MAT 18X18X12MM	PC	28	399.75	**11,193.00**
10002219	ZONROX BLEACH 1GAL ORIGINAL 6/	PC	10	144.75	**1,447.50**
10002219	ZONROX BLEACH 1GAL ORIGINAL 6/	pc	14	144.75	**2,026.50**
	Total :				**14,667.00**

Prices are current and subject to change without prior notice. Check payments are acceptable with **three to four days clearing,** please address it to ACE HARDWARE PHILIPPINES, INC. Should you have any question, please feel free to call the undersigned with the following contact nos. 042-710-5948 and 0917-8245645. Visit us at www.acehardware.ph .

Thank you very much.

Sincerely,

JHONN DAVES AVUZAR
SALES ASSISTANT

Conforme:

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

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

Date: _____

7/13/2020
CECILIA I. PUREZA
Administrative Officer II

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
14	sets	**FOOT BATH** 1. Type: disinfecting footbath with durable rubber dirt mat, any color with heavy duty plastic tray or stainless steel tray 2. size: at least 17" x 30"	N/A	N/A
10	gallons	LIQUID DISINFECTANT 1. Active ingredient: sodium hypochlorite ZONROX 2. Volume: 1 gallon (NO STOCK) 3. Bottle: plastic bottles / HDPE	130	1,300
		Delivery Period: at least 15days after receipt of Purchase Order		
		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: _____

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

SUPER SHOPRITE
Corporate Name / PhilGEPS Registration Number

CHE TAN
Signature over Printed Name of Authorized Representative

009-379-359-000
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

UNIVERSAL HEALTH CARE

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

Date: _____

7/13/2020
CECILIA I. PUREZA
Administrative Officer II

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
14	sets	**FOOT BATH** 1. Type: disinfecting footbath with durable rubber dirt mat, any color with heavy duty plastic tray or stainless steel tray 2. size: at least 17" x 30"	N/A	N/A
10	gallons	LIQUID DISINFECTANT 1. Active ingredient: sodium hypochlorite 2. Volume: 1 gallon 3. Bottle: plastic bottles / HDPE LYSOL LIQ CONC FRESH 1 GAL	1,600	16,000
		Delivery Period: at least 15days after receipt of Purchase Order		
		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: _____

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

SUPERVALUE, INC.
Corporate Name / PhilGEPS Registration Number

MARLIN GONZALES VALDEZ
Signature over Printed Name of Authorized Representative

060-144-876-00018
Tax Identification Number (VAT / N-VAT)

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

PURCHASE REQUEST (PR)

PhilHealth Regional Office IVA

Department / Office : **PRO IV-A** PR No. : 2020-01-058

Division : **MSD/ASS** Date : July 9, 2020

Item No.	Unit	Item Description	Qty	Estimated Unit Cost	Estimated Total Cost
1	gal	Alcohol, 1 gal, Ethyl/Isopropyl, 68-72%	80	572.00	45,760.00
2	sets	Foot bath	14	1,678.95	23,505.30
3	gal	Liquid Disenfectant	10	366.45	3,664.50
		*** NOTHING FOLLOWS***			
		C.O.B. / Trust: 2020 Expense Code: ~~50203960 and 50203980~~ 50203960 and 50203980 pl. Charge to: **MSD-Admin** Budget Limit: **72,929.80** Signature: **MA. PAMELA B. LEYNES**			
				Grand Total	**72,929.80**

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 Medical supplies and other supplies and materials in response to COVID-19***

	Prepared By:	Recommended By:	Approved By:
Signature :			
Printed Name :	**ARLON J. BABLES**	**JOSEPH ADRIAN R. REJANO**	**BENJIE A. CUVINAR**
Designation :	CLERK III	AO III	OIC, MSD
Date :			

RNALYN G. CLEMENA
Clerk III
Date: 7/9/2020 11:30 am

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

TECHNICAL SPECIFICATION
MEDICAL SUPPLIES and Other Supplies

QTY	UNIT	PARTICULARS	MINIMUM SPECIFICATION
14	Set	Foot bath	1. Type: Disinfecting Foot bath with durable rubber dirt mat, any color With heavy duty plastic tray or stainless steel tray 2. size: at least 17" x 30"
80	gal	Alcohol	1. Ingredient : Ethyl/Isopropyl Alcohol 2. Strength : 68% - 72% 3. Volume : 1 gallon 4.Bottle : **HDPE** (high density **polyethylene**) plastic **bottles**
10	Gal	Liquid Disinfectant	1. Active ingredient: Sodium Hypochlorite 2. Volume : 1 gallon 3.Bottle : plastic bottle/HDPE

Delivery Period: At least 15 days after receipt of Purchase Order.

Prepared by:

JOSEPH ADRIAN R.REJANO
AO III

Recommended by:

BENJIE A. CUVINAR
OIC, MSD

Approved by:

By the Authority of the Regional Vice President
EDWIN M. ORIÑA, MD

ARTURO C. ARDIENTE
Division Chief IV, FOD

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

APPROVED BUDGET FOR THE CONTRACT (ABC)
Procurement of Supplies in response to National Emergency due to COVID-19 outbreak
within PRO IVA

2020 - 0084
7/9/2020

Contract Duration: CY 2020

ITEM NO. (a)	DESCRIPTION (b)	QTY (c)	UNIT (d)	CURRENT MARKET PRICE (e)	No. Of Days/Nights (If Applicable) (f)	Sub-Total (g)=[(c) (e) (f)]	5% Contingency for Price Escalation (h)=[(g) (5%)]	TOTAL COST (i) =(g)+(h)
1	**Alcohol, Ethyl/Isopropyl,68-72%,1 gal**	80	gal	572.00				45,760.00
2	**Foot Bath**	14	pcs	1,678.95				23,505.30
1	**Liquid Disinfectant, 1 gal**	10	gal	366.45				3,664.50
TOTAL								**72,929.80**

Prepared by:

JOSEPH ADRIAN R. REJANO
AO II

Certified Funded in COB

ARON R. RIANO
Head, FMS

Recommended by:

BENJIE A. CUVINAR
OIC, MSD

Approved:
By the Authority of the Regional Vice President
EDWIN M. ORIÑA, M.D.

ARTURO E. ARDIENTE
Chief, FQD

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

UNIVERSAL HEALTH CARE

MATRIX OF CANVASS

for Approved Budget for the Contract

Project Name : Procurement of Alcohol, Foot Bath and Liquid Disinfectant
Original ABC/COB : 2020 COB
End-User/Implementing Unit : MSD-ADMIN

Technical Specifications		DYNAST COSMETICS AND HOUSEHOLD MANUFACTURING INC.		K VELA MEDICAL SUPPLY		METRO RETAIL STORES GROUP INC.		SUVERVALUE INC.		AFICIONADO	
		Complied? Y/N	Amount	Complied? Y/N	Amount	Complied? Y/N	Amount	Complied? Y/N	Amount	Complied? Y/N	Amount
a.	ALCOHOL, 1 Gallon, Ethyl, 68/72%	Y	54,000.00		69,000.00		58,000.00		59,975.00		57,150.00
b.	FOOT BATH	Y	29,400.00		23,744.00		N/A		N/A		N/A
c.	LIQUID DISINFECTANT, 1 Gallon	Y	3,500.00		7,420.00		1,280.00		N/A		N/A
Total Amount			86,900.00		100,164.00		59,280.00		59,975.00		57,150.00
Passed/Failed		***Passed***		***Passed***		***Passed***		***Passed***		***Passed***	

Prepared by:	Recommended by:	Approved by:
ALLAN JEFFREY F. DATINGUINOO Clerk III	**JOSEPH ADRIAN R. REJANO** GSU Head	**BENJIE A. CUVINAR** OIC, MSD

PHILIPPINE HEALTH INSURANCE CORPORATION REGION IVA

Lucena Grand Central Terminal, Ilayang Dupay, Lucena City

PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

No. 2020- 015

END-USER/UNIT : ASS

Charged to COB

Projects, Programs and Activities (PAPs)

CODE	GENERAL DESCRIPTION	QUANTITY/ SIZE	ESTIMATED BUDGET	Mode of Procurement	SCHEDULE/MILESTONE OF ACTIVITIES											
					Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
5 02 99 990 05	**From: Corporate Forum** (MSD)															
	PROCUREMENT OF MSD CORPORATE FORUM															
	Meals and Venue	68	183,600.00	NP-Lease of Venue												
	TOTAL BUDGET:		**183,600.00**													
1 04 04 070	**To: Medical, Dental and Laboratory Supplies** (Admin)															
	PROCUREMENT OF MEDICAL SUPPLIES for COVID-19															
	Medical Supplies, Alcohol, 1 gal, Ethyl, 68%-72%	100 gal	45,760.00	Emergency Procurement under the Bayanihan Act												
	Medical Supplies, Foot bath	14 sets	23,505.30	Emergency Procurement under the Bayanihan Act												
50203990	**To: Other Supplies and Materials Expenses** (Admin)															
	Liquid Disinfectant, 1 gal	10 gal	3,664.50	Emergency Procurement under the Bayanihan Act												
	TOTAL BUDGET:		**72,929.80**													

NOTE: Technical Specifications for each Item/Project being proposed shall be submitted as part of the PPMP

Prepared By:

ARLON J. BABLES
CLERK III

Submitted By:

JOSEPH ADRIAN R. REJANO
AO III

BENJIE A. CUVINAR
ADMINISTRATIVE OFFICER IV
OIC, MSD

RQ#433 2nd batch

PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

No. 2020-020

END-USER/UNIT : *ASS*

Charged to COB

Projects, Programs and Activities (PAPs)

CODE	GENERAL DESCRIPTION	QUANTITY/ SIZE	ESTIMATED BUDGET	Mode of Procurement	SCHEDULE/MILESTONE OF ACTIVITIES											
					Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
	Frfom: Medical, Dental and Laboratory Supplies															
10404070	PROCUREMENT OF MEDICAL SUPPLIES for COVID-19															
	Medical Supplies, Alcohol, 1 gal, Ethyl, 68%-72%	100 gal	45,760.00	Emergency Procurement under the												
	TOTAL BUDGET:		**45,760.00**													
	To: Medical, Dental and Laboratory Supplies															
	PROCUREMENT OF MEDICAL SUPPLIES for COVID-19															
10404070	Medical Supplies, Alcohol, 1 gal, Ethyl, 68%-72%	80 gal	45,760.00	Emergency Procurement under the Bayanihan Act												
	TOTAL BUDGET:		**45,760.00**													

NOTE: Technical Specifications for each Item/Project being proposed shall be submitted as part of the PPMP

Prepared By:

ARLON J. BABLES
CLERK III

Submitted By:

JOSEPH ADRIAN R. REJANO
AO III

RECEIVED
JUL 01 2020
BY: 9:10

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

REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: MSD-Admin Section

ALLAN JEFFREY E. DATINGUINOO
Office ...
Tel. No. (042) 373-7782
Telefax (042) 373-7050
e-mail add: procurement...@gmail.com

JOSEPH ADRIAN R. REJANO
OIC, Administrative Services ...

To:

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

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL COST
100	bottles	ALCOHOL, 1 Gallon, Ethyl, 68-72% (ALCO SPRAY)	540.00	54,000.00
14	sets	FOOT BATH AND FOOT MAT (GERMA DIP AND GERMA STOMP)	2,100.00	29,400.00
10	bottles	LIQUID DISINFECTANT, 1 Gallon (GERMA CLEAN)	350.00	3,500.00
		nothing follows		86,900.00

Delivery Period: ONE WEEK AFTER PLACEMENT OF ORDER
Warranty: 10 DAYS
Stock availability: ALWAYS AVAILABLE

DYNAST COSMETICS AND HOUSEHOLD MANUFACTURING INC.
Company Name / PhilGEPS Registration Number

REPRESENTED BY: ODETTE C. SINAY
Signature over Printed Name of Authorized Representative

008-811-789-000
Tax Identification Number (TIN)


GERMADiP
P400.00

REPUBLIC OF THE PHILIPPINES
SECURITIES AND EXCHANGE COMMISSION
Ground Floor, Secretariat Building, PICC
City Of Pasay, Metro Manila

COMPANY REG. NO. CS201412840

CERTIFICATE OF FILING
OF
AMENDED ARTICLES OF INCORPORATION

KNOW ALL PERSONS BY THESE PRESENTS:

This is to certify that the amended articles of incorporation of the

DYNAST COSMETICS & HOUSEHOLD MANUFACTURING, INC.

(Amending Article III thereof.)

copy annexed, adopted on October 10, 2017 by majority vote of the Board of Directors and by the vote of the stockholders owning or representing at least two-thirds of the outstanding capital stock, and certified under oath by the Corporate Secretary and a majority of the Board of Directors of the corporation was approved by the Commission on this date pursuant to the provision of Section 16 of the Corporation Code of the Philippines, Batas Pambansa Blg. 68, approved on May 1, 1980, and copies thereof are filed with the Commission.

Unless this corporation obtains or already has obtained the appropriate Secondary License from this Commission, this Certificate does not authorize it to undertake business activities requiring a Secondary License from this Commission such as, but not limited to acting as: broker or dealer in securities, government securities eligible dealer (GSED), investment adviser of an investment company, close-end or open-end investment company, investment house, transfer agent, commodity/financial futures exchange/broker/merchant, financing company and time shares/club shares/membership certificates issuers or selling agents thereof. Neither does this Certificate constitute as permit to undertake activities for which other government agencies require a license or permit.

IN WITNESS WHEREOF, I have set my hand and caused the seal of this Commission to be affixed to this Certificate at Pasay City, Metro Manila, Philippines, this 31st day of January, Twenty Eighteen.

FERDINAND B. SALES
Director
Company Registration and Monitoring Department

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

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 Phil Health)
   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. DATINGUINOO
Official Canvasser
Tel No: (042) 373 7782
TeleFax: (042) 373 7056
e-mail add: procurement.pro4a@gmail.com

Date:

JOSEPH ADRIAN R. REJANO
OIC, Administrative Services Section

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
100	bottles	ALCOHOL, 1 Gallon, Ethyl, 68-72%	690	
14	sets	FOOT BATH	1694	
10	bottles	LIQUID DISINFECTANT, 1 Gallon	742	
		nothing follows		

Delivery Period: _____
Waranty: _____
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: _____

Tel. nos./Fax no.: 09206024250
Email Address: _____

K. Vela medical supply
Corporate Name / PhilGEPS Registration Number

MARIANO [illegible]
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. Hayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph

UNIVERSAL HEALTH CARE

REQUEST FOR QUOTATION

OFFICE/DEPARTMENT: MSD-Admin Section

1. All entries must be in 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 Licenses
6. Income/ Business Tax Return (for ABCs above ₱500K)
7. Omnibus Sworn Statement (For ABCs above ₱50K)
8. PhilHealth's 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 items listed in the matrix below & state the shortest time delivery. This has been posted in the G-EPS website from _____ to _____.

Kindly submit this request/quotation duly signed by your representative together with the above-enumerated requirements from items 5 to 8 before the close on _____.

ALLAN JEFFREY F. DATINGUINOO
Official Canvasser
Tel No. (042) 373 7782
Telefax: (042) 373 7056
e-mail add: procurement.prola@gmail.com

JOSEPH ADRIAN R. REJANO
OIC, Administrative Services Section

Date: _____ Date: _____

Date: _____

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

ATTENTION: _____

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

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
100	bottles	ALCOHOL, 1 Gallon, Ethyl, 68-72%	580.00	58,000
11	sets	FOOT BATH	N/A	
10	bottles	LIQUID DISINFECTANT, 1 Gallon	128.00	1,280.00
		Nothing follows		

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

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

Business Address: _____

Tel. nos., Fax nos.: _____
Email Address: _____

Metro Retail Stores Group Inc.
Corporate Name / PhilGEPS Registration Number

Bethulda V. Asistencia
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
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UNIVERSAL HEALTH CARE

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
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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. DATINGUINOO
Official Canvasser
Tel No: (042) 373 7782
TeleFax: (042) 373 7056
e-mail add: procurement.pro4a@gmail.com

Date: _____

JOSEPH ADRIAN R. REJANO
OIC, Administrative Services Section

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
100	bottles	ALCOHOL, 1 Gallon, Ethyl, 68-72% (CLEARENLIQUE ETHYL)	599.75	59,975
14	sets	FOOT BATH	N/A	
10	bottles	LIQUID DISINFECTANT, 1 Gallon	N/A	
		nothing follows		
		DR-5 ETHYL ALCOHOL 70%	575.00	57,500

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: _____

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

SUPERVALUE, INC
Corporate Name / PhilGEPS Registration Number

MARIA LEONOR VALERIO
Signature over Printed Name of Authorized Representative

000-144-974 - 00018
Tax Identification Number (VAT / N-VAT)

aficionado®

ETHYL ALCOHOL	SRP	DISC. (10%)
GALLON	₱ 635.00	₱ 571.50

ACTIVITY MONITORING and ROUTE SLIP

SBAC/PROCUREMENT UNIT

Date & Time Received:	July 9, 2020 11:30am	Expense Code: 50203080	Purchase Request No.: 2020-01-058
Project Title:	Alcohol, Foot Bath, Liquid Disinfectant		Originating Unit/Office: ASS
ABC/Total Est. Cost:	₱72,929.80		Mode of Procurement: Emergency Procurement - Bayanihan Act as One

ACTIVITY	PERSONNEL ASSIGNED	DATE & TIME ACCOMPLISHED	SIGNATURE	REMARKS
Initial Assessment of Required Docs	V. Clemeña	7/9/2020 11:34am		Required Documents to be submitted in 3 sets (original & 2 copies): 1. PPMP 2. 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 PPMP/SEPP	C. Pureza	7/9 2:12		per instruction of MSD head & Admin-OIC Alcohol shall be procured thru PS-DBM since it is already available. APR#20-04-004
Preparation of RFQ	A. Datinguinoo	7/10		
Requesting of Quotation from Supplier	A. Datinguinoo	7/15		Number of Suppliers sent: 5 Number of RFQs received: 5
Preparation of AoQ	A. Datinguinoo	8/26		LCQ: 1. Mayor's/Business Permit 2. PhilGEPS registration number 3. PhilHealth Certificate of Good Standing/Copy of Remittance n/a 4. Omnibus Statement for project with ABC above 50K n/a 5. ITR/Business Tax Return with ABC above 500K
Preparation of PO	A. Datinguinoo	8/26		
Serving of PO	A. Datinguinoo			
Posting of Award	SBAC - J. Anat			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
7/9/2020 11:34am	Verna	Cecille		7/9 1:00	
7/9 2:15	Cecille	Allan	for processing Item 2 & 3 only	7/9	
7/14	Allan	J. Anat	for posting	7/15	
7/15	J. Anat	Allan	Not Applicable for Posting in PhilGEPS	7/16	
8/26	Allan	Sir Ade	For ADE evaluation & signature		
8/26	Erlyn	Allan	For revision - tax amt missing approved PO		
9/1	Allan				