

Contract no. 2021-07-025

JOLLIBEE FOODS CORPORATION

G/F SM City Lucena, Dalahican Rd. cor. Maharlika Highway, Ibabang Dupay, Lucena City

TIN Number: 000 388 771 345

Tel. nos. (042) 710 0002

CONTRACT

This agreement is entered into by and between **PHILHEALTH REGIONAL OFFICE IVA** herein referred to as the Client, and **MS. GRACE E. VILLENAS** representing **Jollibee Food Corporation**, herein referred to as the Supplier.

1. Service Acquired by the Client:
 - a. Service Type : Packed Meals
 - b. Event : Information Caravan
 - c. Date : August 12 – 13, 26 – 27, 2021
 - d. Time : 8:00 am to 3:00 pm
 - e. Venue : PhilHealth Regional Office IVA
 - f. Number of Participants : 60 pax (15 pax per batch)

2. Menu (AM snack / individually packed)
Burger and drinks

Lunch (Individually packed)

1 pc chicken
1 pc burger steak
Drinks

3. Total Contract Price : Php 12,000.00
4. Terms of Payment : on account- send bill

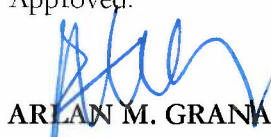
The Client and Supplier hereby consent to full performance of the contents of this Contract.

Recommending Approval:




BENJIE A. CUVINAR
Division Chief, MSD

Approved:



ARLAN M. GRANALI
Acting Regional Vice-President
PhilHealth Regional Office IVA







GRACE E. VILLENAS
Store Manager
Jollibee Foods Corporation / SM City Lucena

ACTIVITY and ROUTE SLIP

SBAC/PROCUREMENT UNIT

Date & Time Received: July 27, 2021
 Project Title: meals for info caravan
 ABC/Total Est. Cost: ₱12,600.00
 Expense Code: 502999905

Purchase Request No.: 2021-01-089
 Originating Unit/Office: PAU
 Mode of Procurement: NP - Small Value Procurement

ACTIVITY	PERSONNEL ASSIGNED	DATE & TIME ACCOMPLISHED	SIGNATURE	REMARKS
Initial Assessment of Required Docs	J. Bantucan	7/27 9:17		Required Documents to be submitted in 3 sets (original & 2 copies): <input checked="" type="checkbox"/> 1. PPMP/APP <input checked="" type="checkbox"/> 2. PR in 3 original copies <input checked="" type="checkbox"/> 3. ABC in 2 original copies <input checked="" type="checkbox"/> 4. Tech Specs <input checked="" type="checkbox"/> 5. DAF (for CAPEX & Semi-Expendables) <input checked="" type="checkbox"/> 6. ISSP/Clearance for IT Equipment <input checked="" type="checkbox"/> 7. Lay-out/Sample/Design (if applicable) <input checked="" type="checkbox"/> 8. RFQ (unfielded) for ABC above 50K <input checked="" type="checkbox"/> 9. RFQ (3) for ABC 50K & below <input checked="" type="checkbox"/> 8. AoQ <input checked="" type="checkbox"/> 10. Other Docs
Validation & Updating of PPMP/SEPP	J. Bantucan	7/27 9:25		
Encoding to PMD	V. Clemeña	7/28		<i>invoked</i>
PhilGEPS Posting (required for projects with ABC above 50K)	SBAC - A. Villanueva	7/30/21		PhilGEPS Published Date: <u>7/31/21</u> Reference Number: <u>7884917</u> Closing Date: <u>8/3/21</u> Print-out of Posting to PhilGEPS as ACTIVE - _____ Corp. Website Published Date: <u>7/31/21</u> Reference Number: _____ Closing Date: <u>8/3/21</u> Screenshot of posting
Preparation of AoQ and PO	<i>end-man</i> A. Daingunbo			LCQ: _____ <input type="checkbox"/> 1. Mayor's/Business Permit <input type="checkbox"/> 2. PhilGEPS registration number <input type="checkbox"/> 3. PhilHealth Certificate of Good Standing/Copy of Remittance <input type="checkbox"/> 4. Omnibus Statement for project with ABC above 50K <input type="checkbox"/> 5. ITR/Business Tax Return with ABC above 500K <input type="checkbox"/> 6. Print-out of PhilGEPS posting as CLOSED (if applicable)
Posting of Award to PhilGEPS (above 50K) & Corp. Website	SBAC - A. Villanueva			Published Date: _____ Award Notice Number: _____ Print-out of Posting to PhilGEPS Corp. Website Date Emailed: _____ Email Address: _____

SBAC/PROCUREMENT UNIT

July 27, 2021

meals for info caravan

P12,600.00

Purchase Request No.: 2021-01-089

Originating Unit/Office: **PAU**

Mode of Procurement: **NP - Small Value Procurement**

1000

Date & Time Issued	From	Issued to	REMARKS	Date & Time Received	Signature
7/27 9:26 3/14 4p 3/20 8/2	Vern Vern Vern Vern	Vern Jared Brendon End-nun	for PMO recording for meeting for submission of final AOB and document requirements of LCR after closing	7/28 7/30	[Signature] [Signature]
8/6	Vern	Jay		8/2	[Signature]



PhilGEPS

Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 7884917
Procuring Entity PHILIPPINE HEALTH INSURANCE CORPORATION - REGION - IV A
Title 2021-NPSV-32 MEALS FOR INFO CARAVAN
Area of Delivery Quezon

Solicitation Number:	2021-NPSV-32	Status	Pending
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Food Stuff	Date Published	31/07/2021
Approved Budget for the Contract:	PHP 12,600.00	Last Updated / Time	30/07/2021 14:43 PM
Delivery Period:	4 Day/s	Closing Date / Time	03/08/2021 13:30 PM
Client Agency:			
Contact Person:	Algenia Nania Villanueva PRO BAC Secretariat Member Lucena Grand Central Terminal Brgy. Ilayang Dupay Lucena City Quezon Philippines 4301 63-42-3737782 cashier.pro4a@philhealth.gov.ph		
Description			
PLEASE SEE ATTACHED			

Created by Algenia Nania Villanueva

Date Created 30/07/2021

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.



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

PURCHASE REQUEST (PR)					
PhilHealth Regional Office IVA					
Department / Office :		PRO IV-A		PR No.	2021-01-089
Division :		ORVP - PAU		Date :	July 27, 2021
Item No.	Unit	Item Description	Qty	Estimated Unit Cost	Estimated Total Cost
1	PAX	Meals for Information Caravan: Lunch (2 viands, rice, vegetables, dessert, and bottled drinks); AM snack (1 sandwich and bottled water; Date - August 12, 13, 26 and 27, 2021 (15 pax per batch, individually packed)	60	210.00	12,600.00
****nothing follows****					0.00
C.O.B. / Trust :		2021 COB			
Expense Code :		502999905			
Charge to :		PAU			
Budget Limit :		12,600.00			
Signature :		 Ma. Pamela B. Leynes			
Grand Total				12,600.00	
We certify that the items and corresponding amount listed above are based on the CY 2021 COB and within the approved 2021 APP. All items requested under this PR SHALL NOT, hereinafter, be available for realignment, unless cancelled within the prescribed period.					
PURPOSE: Meals for Information Caravan					
Prepared by:		Requested by:		Recommended by:	
Signature :					
Printed Name : JERELL P. CHUA		SHARYLLO O. CARPIO		CECILIA I. PUREZA	
Designation : Clerk III		PRO III		AO II/PIC, CSSU	
Date : 7/21/2021		7/21/21		7/26/21	
				Approved By:	
				BENJIE A. CUVINAR	
				MSD Head	
				7/26/21	





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
Luzon Grand Central Terminal, Bldg. Bayang Dupay, Luzon City
Call Center (02) 344-1441, Contact Number (02) 344-1441
www.philhealth.gov.ph region4@philhealth.gov.ph



APPROVED BUDGET FOR THE CONTRACT (ABC)
Procurement of Meals for Infomation Caravan
within PRO IVA

Contract Duration: CY 2021

ABC No: 0041-010
Date: 7/22/21

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	Meals for Infomation Caravan: Lunch (2 viands, rice, vegetables, dessert, and bottled drinks); AM snack (1 sandwich and bottled water; Date - August 12,13, 26 and 27, 2021 (15 pax per batch, individually packed)	60	pax	210.00		12,600.00		12,600.00
TOTAL								12,600.00

Prepared by:

JERRELL P. CHUA
Clerk III

Certified Funded in COB

ARON R. RIANO
Head, FMS

Recommended by:

SHARYL O. CARPIO
PRO III

Approved:

ARLAN M. GRANALI
Acting RVP, PRO IVA





MATRIX OF CANVASS

for Approved Budget for the Contract

Project Name : Meals for Information Caravan

Original ABC/COB : 12,600

End-User/Implementing Unit : ORVP - PAC

Technical Specifications	Jollibee Foods Corporation - SM City Lucena		KFC - SM City Lucena		McDonald's - SM City Lucena				
	Completed Y/N	Amount	Completed Y/N	Amount	Completed Y/N	Amount			
Meals for Information Caravan: August 12, 13, 26 and 27, 2021 : Date - (15 pax per Batch, individually packed)	Y		Y		Y				
Lunch (2 viands, rice, vegetables, dessert, and bottled drinks): AM snack (1 sandwich and bottled water)	Y	Php 12,000 (200 / pax)	Y	Php 13,600 (260 / pax)	Y	Php 14,520 (242 / pax)			
Quantity - 60 pax (15 pax per batch); Individually packed	Y		Y		Y				
Total Amount		Php 12,000 (200 / pax)		Php 13,600 (260 / pax)		Php 14,520 (242 / pax)			
Passed/Tailed	PASSED		PASSED		PASSED				
Prepared by: VERONICA V. ABELLA PA-1			Recommended by: CECILIA I. PUREZA GST Head/Assigned Canvasser			Approved by: BENJIE A. CUVINAR Chief, MISD			





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 P500K)
- 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 _____.

Jerrell P. Chua
 Official Convoasser
 Tel No: (042) _____
 TeleFax: (042) _____
 e-mail add: _____

Sharyn O. Carpio
 Immediate Supervisor

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
60 (15 pax per session)	pax	Meals for Information Caravan: Am Snack - (1 burger and drinks); Lunch (2 viands, rice and drinks)	60.00	3,600
		15 pax per session (4 sessions); individually packed; Dates - August 12-13 and 26-27, 2021	140.00	8,400
		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: _____

Jollibee Foods Corporation / Lucena City Lucena
 Corporate Name / PhilGEPS Registration Number

Grace E. Villenas
 Signature over Printed Name of Authorized Representative

000-388-771-222
 Tax Identification Number (VAT / N-VAT)



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 P500K)
7. Omnibus Sworn Statement (for ABCs above P50K)
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 _____

Jerell P. Chua
Official Convasser
Tel No: (042) _____
TeleFax: (042) _____
e-mail add: _____

Sharyl S. Carpio
Immediate Supervisor

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
60 (15 pax per session)	pax	Meals for Information Caravan: Am Snack - (1 burger and drinks); Lunch (2 viands, rice and drinks)	80 -	4,800 -
		15 pax per session (4 sessions); Individually packed; Dates - August 12-13 and 26-27, 2021	180 -	10,800 -
		nothing follows		

Delivery Period: _____

Warranty: _____

Items available until: _____

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: _____

KFC - SA Lucena
Corporate Name / PhilGEPS Registration Number

Kelly Fernandez
Signature over Printed Name of Authorized Representative

000-748-723-573
Tax Identification Number (VAT / N-VAT)





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Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 573-7554
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 _____

Jerell P. Chua
Official Convoasser
Tel No: (042) _____
TeleFax: (042) _____
e-mail add: _____

Sharyl O. Carpio
Immediate Supervisor

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
60 (15 pax per session)	pax	Meals for Information Caravan: Am Snack - (1 burger and drinks); Lunch (2 viands, rice and drinks)	<u>57</u>	<u>3420</u>
		15 pax per session (4 sessions); Individually packed; Dates - August 12-13 and 26-27, 2021	<u>125</u>	<u>11,100</u>
		nothing follows		<u>14,520</u>

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: _____

McDonald's sm Lucena
Corporate Name / PhilGEPS Registration Number

reza micca fuent
Signature over Printed Name of Authorized Representative

000-156-771-000
Tax Identification Number (VAT / N-VAT)



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UNIVERSAL HEALTH CARE
REALIZING THE DREAM OF A HEALTHY PHILIPPINES

Information Caravan: Strengthening Internal Knowledge

Rationale

Communication is a vital management component to any organization. Whether the purpose is to update employees on new policies, to prepare for a weather disaster, to ensure safety throughout the organization or to listen to the attitudes of employees, effective communication is an integral issue in effective management.

Information is often disseminated in the hope that employees in an organization will improve their knowledge base and subsequently make better judgments in future situations. The purpose of workplace communication is largely to provide valuable new information, clarify goals, strengthen accountability and prevent misunderstandings especially on policies and programs.

Fostering a culture that promotes knowledge sharing can assist companies in filling information gaps, incrementing output and increasing innovation. Knowledge sharing plays a very vital role in creating awareness amongst the employees. Sharing knowledge helps employees connect, perform better, and become stronger as professionals.

By sharing knowledge about specific topics, employees can support each other in acquiring a new skill set. This makes knowledge sharing especially beneficial for new employees.

In order to make external communication programs work for the benefit of its general membership, the Information Caravan was introduced by PhilHealth to keep its employees abreast of developments on the NHIP, benefits, new policies and procedures governing program implementation.

With the passage of RA 11223 and various issuances on program development and policy updates, employees should be able to keep track on PhilHealth's developments and understand the basic principle of social health insurance as well as general policies on the UHC for them to appreciate the program and eventually answer feedback themselves when called for.

Likewise, it would be easier to clarify issues raised by member groups when employees understand the basic principle of social health insurance and the UHC. Appreciation should start from themselves so that they can effectively reason with members should the situation calls for it.

OBJECTIVES

The Information Caravan aims to:

1. Provide updates and share information among employees.
2. As information agents, PhilHealth employees should be able to confidently answer basic inquiries on the UHC as well as discuss the general guidelines when asked.



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

No. 2021- 050

END-USER/UNIT : ORVP / PAU

Charged to COB

Projects, Programs and Activities (PAPs)

CODE	GENERAL DESCRIPTION	QUANTITY/	ESTIMATED BUDGET	Mode of Procurement	SCHEDULE / MILESTONE OF ACTIVITIES												
		SIZE			Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	
	From: Corporate Forum (PAU)																
	Information Caravan																
5.02.99 99.05	Meals	12 pax	12,600.00	NP-Small Value (50K & below)													
	CSMS Re-orientation Forum																
	Meals	41 pax	14,350.00	NP-Small Value (50K & below)													
	TOTAL BUDGET:		26,950.00														
	To: Corporate Forum (PAU)																
	Information Caravan																
5.02.99 99.05	Meals	60 pax	12,600.00	NP-Small Value (50K & below)													
	CSMS Re-orientation Forum																
	Meals	17 pax	14,350.00	NP-Small Value (50K & below)													

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

Prepared By:

Submitted By:


JERRELL P. CHUA
 Clerk III


SHARVILTO CARPIO
 PRO III

PHILHEALTH REGION IVA Annual Procurement Plan (APP) for FY 2021

Case (PAP)	Procurement Program/Project	PKED End-user	Is this an early Procurement Activity? (Yes/No)	Mode of Procurement	Schedule for Each Procurement Activity				Source of Funds	Estimated Budget (Php)			Remarks (Brief description of Procurement/Project)
					Advertisement/Posting of Bids	Submission of Bids	Notice of Award	Contract Signing		Total	MOOE	CO	
Sub-Total (Procurement Funds)													
50220000	Procurement of Automobiles	Admin	No	Direct Contracting	N/A	FOA	JAN	JAN	COB CY 2021	219,147.50	219,147.50		
Sub-Total (Procurement Funds)										219,147.50			
Sub-Total (Information and Basic Services)													
50200000	Procurement of Office Supplies, Equipment and Office Services	Admin	No	Up to 3% Single Vendor Contracting	JAN	N/A	JAN	JAN	COB CY 2021	27,591.00	27,591.00		
50200000	Procurement of Office Supplies, Equipment and Office Services	Admin	No	Direct Contracting	N/A	N/A	JAN	JAN	COB CY 2021	1,000.00	1,000.00		
Sub-Total (Information and Basic Services)										28,591.00			
Sub-Total (Health, Research, Inspection and Related Expenses)													
50200000	Procurement of Office Supplies, Equipment and Office Services	Admin	No	Up to 3% Single Vendor Contracting	JAN	N/A	JAN	JAN	COB CY 2021	27,591.00	27,591.00		
50200000	Procurement of Office Supplies, Equipment and Office Services	Admin	No	Direct Contracting	N/A	N/A	JAN	JAN	COB CY 2021	1,000.00	1,000.00		
Sub-Total (Other)										28,591.00			
Sub-Total (Information and Basic Services)										28,591.00			
Sub-Total (Health, Research, Inspection and Related Expenses)										28,591.00			
Sub-Total (Other)										28,591.00			
Sub-Total (Information and Basic Services)										28,591.00			
Sub-Total (Health, Research, Inspection and Related Expenses)										28,591.00			
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Republic of the Philippines
 Philippine Health Insurance Corporation
 Details of Budget Proposal
 Calendar Year 2021

Philhealth Regional Office IVA
Public Affairs Unit

Particulars	Purpose	Other Maint. & Operating Expenses - Others - Corporate Forum (Virtual)				Cost/Pax	Freq	Others	Total
		Q1	Q2	Q3	Q4				
Info Caravan	Update employees on new circular/policies	X		1 Group Gatherings	In-House	350.00	3	0.00	12,600.00
CSMS Re-orientation/update of AODs	Revisit guidelines in managing feedback and ensuring transactions		X	1 Virtual Meetings	In-House	350.00	1	0.00	14,350.00
Grand Total									26,950.00

Submitted by:

HEAD

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



TECHNICAL SPECIFICATIONS
Corporate Forum

Division/ Section/ Unit: ORVP-PAU
Project Title: Conduct of Information Caravan and Customer Service Management System Forum
Purpose: Updates on policies, benefits and CSMS updates by Corporate Action Center
Approved Budget: Php 26,950.00
Target Release: August 2021

Specification:

Activity	Number of Pax	Meals	Date of Conduct
Information Caravan	60 pax (15 pax per session)	AM snack (burger and drinks) and Lunch (2 viands, rice and drinks) *packed meals	August 12-13 and 26-27, 2021
Customer Service Management System Forum: Strengthening Customer Feedback Management	23 pax (6 pax via MS Teams, 17 pax in PRO)	AM snack (1 viand, rice and drinks); Lunch (3 viands, rice, vegetables and drinks); PM snack (burger and drinks) *packed meals	August 18, 2021

Prepared by:

JERRELL P. CHUA
Clerk III

Recommending Approval:

SHARYLL O. CARPIO
PRO III

☒ Approved ☐ Disapproved

ARLAN M. GRANALI
Acting Regional Vice President
PhilHealth Regional Office IVA





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 _____.

Jerrell P. Chua

Official Canvasser

Tel No: (042) _____

TeleFax: (042) _____

e-mail add: _____

Date: _____

Sharyl D. Garpio

Immediate Supervisor

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
60 (15 pax per session)	pax	Meals for Information Caravan: Am Snack - (1 burger and drinks); Lunch (2 viands, rice and drinks)		
		15 pax per session (4 sessions); Individually packed; Dates - August 12-13 and 26-27, 2021		
		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.: _____

Signature over Printed Name of Authorized Representative _____

Email Address: _____

Tax Identification Number (VAT / N-VAT) _____

