

## REQUEST FOR QUOTATION

Date: April 12, 2024  
RFQ No. 2024-048

The **Philippine Health Insurance Corporation (PhilHealth)** through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

### PROCUREMENT OF CATERING SERVICES

Approved Budget : **PHP17,250.00**  
Purchase Request No/s : 24-0183-SVP  
Mode of Procurement : NP-Small Value Procurement  
Period of submission : April 18, 2024 to April 22, 2024 (until 3:00 p.m.)  
Delivery Period : June 26, 2024

**Interested bidders/suppliers of known qualifications are hereby invited to submit a price quotation/proposal signed by its authorized representative. Quotations may be submitted physically, via email or courier at the addresses below:**

#### **SECRETARIAT SERVICES TEAM**

Secretariat for the Bids and Awards Committees (SBAC)  
Philippine Health Insurance Corporation  
Rm. 1003, 10<sup>th</sup> Floor, SBAC Office  
709 Citystate Centre Bldg., Shaw Blvd  
Pasig City  
Telephone: (02) 8441-7444 local 7675  
(02) 8637-4735

  
**Ms. Allen B. Matanguihan**  
SBAC Secretariat/Canvasser  
[sbac2020.abm@gmail.com](mailto:sbac2020.abm@gmail.com)

  
**Mr. Luisito G. Maximo**  
Head, Secretariat Services  
[sst.sbac@gmail.com](mailto:sst.sbac@gmail.com)

Supplier who will submit a proposal / offer with the **lowest calculated quotation** shall be **selected**. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for NP-Small Value Procurement (Sec. 53.9) shall be submitted within three (3) working days **upon NOTIFICATION**:

1. Mayor's /Business Permit for CY2024;
2. PhilGEPS Registration Number;
3. Notarized Omnibus Sworn Statement (for ABC above 50K); and
4. Proof of PhilHealth Contribution (4<sup>th</sup> Quarter of 2023);

#### **\*\*INSTRUCTION TO SUPPLIERS\*\***

- Submit your quotation using the prescribed **Quotation Form, Terms and Conditions** (*Annex A & B of the RFQ*) and **the Technical Specifications** (*if available*).
- Accomplish the **Request for Quotation (RFQ) Form** and do not alter the contents of the form in any way.
- Non-compliance with the submission of the **accomplished prescribed/standard Quotation Form and Documentary Requirements** as stated above **within the prescribed deadline** shall automatically be **DISQUALIFIED**.
- Sample or Demo Unit will be required whenever necessary.

“ANNEX A”

**QUOTATION FORM**

**Name of Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

After having carefully read and accepted the Terms and Conditions of this RFQ specified in Annex B, hereunder is our quotation/s for the item/service as follows:

Item No.	QTY/ Unit	Unit Price	Total Price	ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (“Comply” or “Not Comply”)	Supplier’s Offer <i>Do not fill this out if you did not comply with the Tech Specs.</i>	
						Unit Price	Total Price
<b>1</b>	23 pax	750.00	<b>17,250.00</b>	<p align="center"><b>Catering Services for the Conduct of AD Mid-Year Assessment</b></p> <p align="center">Activity Date: June 26, 2024</p> <p align="center"><i>Technical Specifications is attached as “Annex C”</i></p>			
						<b>TOTAL:</b>	

<b>COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O. / J.O.</b>	<b>Statement of Compliance</b> (“Comply” or “Not Comply”)
June 26, 2024	

I hereby certify to comply and deliver all the above requirements.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Position / Designation

\_\_\_\_\_  
Date

**“ANNEX B”**

**TERMS AND CONDITIONS:**

1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. **Suppliers/Bidders shall quote on the project.**
3. Price quotation/s must be valid for ***thirty (30) calendar days*** from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
10. In case of the two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ “draw lots” as the tie-breaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
11. **Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.**
12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. PhilHealth shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount, without prejudice to the other courses of action and remedies open to it.
13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for non-expendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects and all the conditions imposed under the contract have been fully met.
14. The contracting parties shall comply with Office Order No. 0018-2015 “Reiteration of PhilHealth No Gift Policy (Revision 1).
15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Position / Designation

\_\_\_\_\_  
Date

**“ANNEX C”**

**TECHNICAL SPECIFICATIONS FOR THE MEAL PROVIDER**

**PROGRAM TITLE:** Conduct of AD Mid-Year Assessment

**I. DATE OF CONDUCT:** June 26, 2024

**II. MEAL PROVIDER SPECIFICATIONS:**

1. Managed buffet for all meal requirement. Meal should include the following for the whole duration of the activity:
  - a. AM Meal
  - b. Lunch and
  - c. PM Meal
  
1. Meal Inclusions: (for 23 pax)
  - a. AM Meal inclusive of steamed or fried rice, main course with egg, fresh fruit/s, and drinks.
  - b. Lunch inclusive of steamed rice, salad and/or soup, main course with at least two (2) viands, vegetables, dessert, and drinks.
  - c. PM Meal inclusive of at least a combination of pasta or noodles, sandwich or bread, and drinks.
  - d. With provision of flowing coffee and tea, candies/mints and nuts, and biscuits during the workshop.
  - e. The Accreditation Department will notify the Provider of the number of meals to be prepared for those participants with food restrictions (such as but not limited to no-pork for Muslims, dietary requirements, etc. at least two (2) days before the conduct of the program.
  
2. The Provider shall guarantee the provision of at least two (2) qualified, trained, courteous and capable personnel who observe proper hygiene and shall be required to wear clean and appropriate uniform and identification (ID) card. Said personnel shall assist in the distribution of food to the participants.
  
3. The Provider must agree with the sent-bill scheme and comply with all the requirements that will be needed by the SBAC of PhilHealth and PhilHealth Comptrollership Department for the processing of the payee’s voucher.
  
4. The Provider may be requested for food tasting for the **Accreditation Department** to determine whether the meals to be served have passed the standards.

I hereby declare that I understand and acknowledge the terms and conditions listed.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Position / Designation

\_\_\_\_\_  
Date