

## REQUEST FOR QUOTATION

Date: March 20, 2025  
RFQ No. 2025-038

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

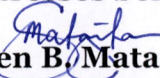
### **PACKED MEALS FOR EMPLOYEES APPRECIATION DAY**

Approved Budget : **PHP825,000.00**  
Purchase Request No/s : 25-0075-SVP  
Mode of Procurement : NP-Small Value Procurement  
Period of submission : March 24, 2025 to March 27, 2025 until 3:00 p.m.  
Delivery Period : April 22, 2025

**Interested 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 (PhilHealth)  
Rm. 408, 4th Floor, SBAC Office,  
709 Citystate Centre, Shaw Blvd.,  
Pasig City  
Telephone No: (02) 8441-7444 local 7675

  
**Ms. Allen B. Matanguihan**  
BAC Secretariat/Canvasser  
[matanguihana@philhealth.gov.ph](mailto:matanguihana@philhealth.gov.ph)

  
**Ms. Joan R. Lorenzana**  
Head, Secretariat Services Team  
[lorenzana@philhealth.gov.ph](mailto:lorenzana@philhealth.gov.ph)

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 Updated 2016 Revised 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 CY2025;
2. PhilGEPS Registration Number;
3. Notarized Omnibus Sworn Statement (for ABC above 50K);
4. Proof of PhilHealth Contribution (4<sup>th</sup> Quarter of 2024); and
5. Valid Tax Clearance.

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

- Submit your quotation using the prescribed **Quotation Form, Terms and Conditions** (*Annexes 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**.

**“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
1	1 LOT	825,000.00	825,000.00	<b>Procurement of Packed Meals for the Conduct of CY 2025 Employees Appreciation Day in the Head Office</b>			
				Technical Specifications is attached as “ANNEX C”			
						<b>TOTAL:</b>	

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O. / J.O.	Statement of Compliance (“Comply” or “Not Comply”)
April 22, 2025	

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 shall provide correct and accurate information required in this form.
2. **Suppliers 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 initialed 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 (2) or more suppliers 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 one percent (1%) of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of three (3) months for expendable goods or one (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 PACKED MEALS CY 2025 Employees Appreciation Day in the Head Office**

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#### **I. REQUIREMENTS**

PhilHealth is seeking a competent and experienced supplier to provide packed meals for the **CY2025 Employees Appreciation Day in the Head Office**.

Activity Date: April 22, 2025  
No. of Participants: 1,100 pax

#### **II. SPECIFICATIONS**

1. The supplier shall serve the following packed meals:
  - a. morning snacks with drinks (soda/juice);
  - b. lunch (three viands – beef, chicken, vegetables, rice and dessert); with drinks (soda/juice); and
  - c. afternoon snacks with drinks (soda/juice).
2. The supplier must ensure the following:
  - a. Food served are fresh, hot and ready at least thirty (30) minutes before meal; and
  - b. Disposable table napkins and utensils are provided.

#### **III. ELIGIBILITY REQUIREMENTS**

1. The service provider must have rendered very satisfactory services to reputable private companies and/or government agencies. The End-User may conduct a background check with the previous clients of the service provider.
2. The caterer must comply with all the requirements that will be needed by the Secretariat for the Bids and Awards Committee (SBAC) of PhilHealth and PhilHealth Comptrollership Department during the processing of the payee's voucher such as but not limited to the following, if applicable:
  - a. BIR Annual Tax Return
  - b. Tax Clearance
  - c. Latest Proof of PhilHealth Contribution
  - d. PhilGeps Registration
  - e. Sample of Sales/Service Invoice
  - f. SEC Certificate of Registration, Updated Mayor's/Business Permit
  - g. Statement of Account/Billing Statement

#### **IV. BUDGET**

The budget for the packed meals for the CY 2025 Employees Appreciation Day shall be charged against the CY 2025 approved Corporate Operating Budget lodged under the Human Resource Department.

#### **V. TERMS OF PAYMENT**

Full payment shall be made within thirty (30) days upon submission of complete documentary requirements.

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

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Signature over Printed Name

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Position / Designation

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Date