Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

REQUEST FOR QUOTATION

Date: May 14, 2025
RFQ No. 2025-079

The **Philippine Health Insurance Corporation (PhilHealth)** through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure the following through Section 34 Small Value Procurement of the Implementing Rules and Regulations of Republic Act 12009:

BUSINESS CARDS

Approved Budget	**:₱19,200.00**
Purchase Request No/s	: 25-0048-SVP,OP, 25-0098-SVP,OCOO Proper & 25-0164-SVP,Treasury
Delivery Period	**:15 working days upon receipt of the approved sample from the end-user**

Interested suppliers of known qualifications are hereby invited to submit a price quotation/proposal duly signed by its authorized representative **on or before 5:00 p.m. of May 20, 2025** through electronic email or physically at the address 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 Nos.: (02) 8441-7444 local 7675

MS. CHARISS GAIL H. DALIDA
BAC Secretariat/Canvasser
dalidac@philhealth.gov.ph

MR. JOSEPH O. VERGARA
Head, Secretariat for the Bids and Awards Committees

The Supplier shall also submit a copy of the following documentary requirements along with the duly signed quotation on or before the deadline of submission of quotation:

1. Mayor's /Business Permit for CY2025;
2. PhilGEPS Registration Number or Certificate of PhiGEPS Registration (Platinum Membership);
3. Proof of payment for the PhilHealth Contribution (1st Quarter of 2025); and
4. Valid Tax Clearance.

****INSTRUCTION TO SUPPLIERS****

- Submit your duly signed quotation using the prescribed Quotation Form together with the compliance with the Terms and Conditions and Technical Specifications (Annexes A, and B of the RFQ);
- Provide all the required information of the provider/supplier in the **Quotation Form** and do not alter the contents of the form in any way.
- Non-compliance with the submission of the **Quotation Form** and **Documentary Requirements** as stated above **within the given deadline** shall be automatically **DISQUALIFIED**.
- **Sample 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 *Do not fill this out if you did not comply with the Tech Specs.*	
					Proposed Brand/ Sample	Unit Price	Total Price
1	32 boxes	600.00	19,200.00	BUSINESS CARDS			
			₱19,200.00			TOTAL:	

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O. / J.O.	Statement of Compliance ("Comply" or "Not Comply")
15 working days upon receipt of the approved sample from the end-user	

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/Providers shall provide correct and accurate information required in this form.
2. **Suppliers/Providers 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 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 instructions and terms and conditions listed herein.

_____
Signature over Printed Name

_____
Position / Designation

_____
Date