

REQUEST FOR QUOTATION

Date: May 8, 2025RFQ No. 2025-078

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

WEIGHING SCALE

Approved Budget	: ₱30,442.50
Purchase Request No/s	: 25-0102-SVP,HRD
Mode of Procurement	: NP-Small Value Procurement (Sec. 34)
Period of submission	: May 14, 2025 to May 19, 2025 (until 5:00 p.m.)
Delivery Period	: 15 calendar days upon receipt of the approved Purchase Order

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 Nos.: (02) 8441-7444 local 7675

Chariss Gail H. Dalida
Ms. Chariss Gail H. Dalida
BAC Secretariat/Canvasser
dalidac@philhealth.gov.ph

Joan R. Lorenzana
Ms. Joan R. Lorenzana
Head, Secretariat Services Team (SST)
lorenzana@philhealth.gov.ph

Supplier who will submit a proposal / offer with the **lowest calculated quotation** shall be **required to submit** a copy of the following documentary requirements as prescribed in the updated 2016 Revised IRR of RA No.9184 as amended by the IRR of RA 12009 for Small Value Procurement (Sec. 34) shall be submitted within three (3) working days upon **NOTIFICATION**:

1. Mayor's /Business Permit for CY2025;
2. PhilGEPS Registration Number or Certificate of PhilGEPS Registration (Platinum Membership);
3. Proof of PhilHealth Contribution (1st Quarter of 2025); and
4. 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**.
- **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>	
					Proposed Brand/ Sample	Unit Price	Total Price
1	1 unit	30,442.50	30,442.50	WEIGHING SCALE Digital Weighing with height measurement up to 200kg patient weight capacity, EMR ready with USB connection, at least 1" LCD display, height rod from 76cm -214cm <i>Warranty:</i> <i>* Seven (7) days factory defect</i> <i>* Six (6) months service</i>			
			30,442.50			TOTAL:	

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O. / J.O.	Statement of Compliance ("Comply" or "Not Comply")
15 calendar days upon receipt of the approved Purchase Order	

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 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