Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office - I

Akia Bldg., Old De Venecia Highway, Dagupan City, Pangasinan

Trunkline No. 515-3333 Telefax No. 523-3127



## **REQUEST FOR QUOTATION**

## **GENERAL CONDITIONS:**

1. All entries must be typewritten or written legibly in print.

2. Except for custom-made items, delivery period shall be within seven (7) days 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. Recent Business Permit, BIR, DTI/SEC, PhilGEPS & PhilHealth Registration Certificate shall be attached upon submission of the quotation

6. The completed form shall serve as your formal quotation

(eg. Swatches, sample materials, lay-out, etc.) 7. Others:

In accordance with the General Conditions, please quote your lowest price on the item/s listed in the matrix at the right hand of this page and state the shortest time of delivery. This has been posted in the GEPS website from to

Kindly submit/fax your quotation duly signed by your representative together with the above-mentioned requirements from item nos. 5 to 7 before the close of business hours on

. Official Canvasser

Head, Procurement Section

## PHILIPPINE HEALTH INSURANCE CORPORATION TO: Dagupan City, Pangasinan

ATTENTION:

(Procurement Section)

QTY	UNIT	Ily read and accepted your General Conditions, please refer to the price quotation we have ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE	
170	pax	Meals (2 Snacks & Lunch)			
		For Conduct of 2024 LHIO La Union Alaga Ka Activity for Government Agencies		<u>. (6. ) </u>	
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	Delivery Period: Warranty: Items available until			Terms of Payment: Charge	
				C.O.D	

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from \_

Corporate Name

Signature over Printed Name of Authorized Representative

Please Check if :

() Non - VAT Registered

Tax Identification Number

**Business Address:** 

Tel. nos./Fax no.:

Email Address:

() VAT Registered

PR: No.

RFQ NO.



Republic of the Philippines **PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office I Local Health Insurance Office - La Union Q** G/F CSI The City Mall Inc., Brgy. Biday, San Fernando City, La Union **L** (072) 607-7162 Www.philhealth.gov.ph **PhilHealthIlocos1Region W teamphilhealth** 

## TECHNICAL SPECIFICATIONS FOR THE LEASE OF VENUE "CONDUCT OF LHIO LA UNION ALAGA KA ACTIVITY TO GOVERNMENT AGENCIES PEERs"

- 1. There is a need of a suitable venue which shall accommodate the participants in its conduct of "Alaga Ka Activity to Government Agencies PEERs"
- 2. The venue must serve food that is adequate, delicious and safe for consumption
- 3. The venue shall be located within Metro San Fernando, La Union
- 4. The venue must be structurally safe and appealing
- 5. In terms of facilities, the venue must have adequate water supply and toilet, adequate lighting system, accessible entrance and exit. The venue must also be equipped with good telecommunication and dependable sound system. Preferably, the venue shall have available internet connection
- 6. The venue shall ensure The venue shall ensure proper maintenance of its facilities and services, its shall also provide adequate security measures to ensure the safety of the employees including their belongings In the entire duration of the event

Prepared by:

MYLAIN G. MARASIGAN SIA II- AO DESIGNATE Recommended by: RAYMUND O. MANINGDING CSIO-LHIO LA UNION HEAD

8 2024

PHILIPPINE HEALTH INSURANCE CORPORATION PRO 1-Dagupan City OFODC MAR 1 4 2024 Received by. Time:

Approved by:

**DENNIS B. ADRE** REGIONAL VICE PRESIDENT

MARICAR M. ARZADON, M.U. MOVII / Chief. HCEMD 2010-0600

d by: