

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



CHYS (CIT) LAS

REQUEST FOR QUOTATION

GENERAL CONDITIONS:

2. 3. 4. 5. 6.	Except for cu Standard wa Price validity Recent Busi	ust be typewritten or written legibly in print. Istom-made items, delivery period shall be within <u>seven (7) days</u> calendar days from receipt of the app rranty period: (from date of acceptance by PhilHealth) - For Supplies & Materials: at least six (6) mont shall be for a period of 30 calendar days ness Permit, BIR, DTI/SEC, PhilGEPS & PhilHealth Registration Certificate shall be attached upon submis ed form shall serve as your formal quotation (eg. Swatches, sample materials, lay-out, etc.)	ns, For Equipment:	at least one (1) year	222
		with the General Conditions, please quote your lowest price on the item/s listed in the matrix at the righ of delivery. This has been posted in the GEPS website from	t hand of this page to	and state	Cate ogue
		ax your quotation duly signed by your representative together with the above-mentioned requirements f business hours on	from item nos, 5 t	o 7	
-	C	Official Canvasser Head, Procu	rement Section	1.00	The second secon
TO:		INE HEALTH INSURANCE CORPORATION City, Pangasinan	RFQ N	0.	
ATTENTIC		(Procurement Section)	PR: No		
After ha	aving carefu	ully read and accepted your General Conditions, please refer to the price quotation we have	indicated on the	space provided for	
QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE	
250	pax	Meals (am/pm snacks)			
28	pax	Meals (1 lunch, am/pm snacks)			
	11				621
rea .	1 N/L				Catalogue
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Buri	1				13-901 (35-0510)
7-4	-				
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	1				
	Delivery P Warranty		Terms	of Payment:	
	CONTRACTOR STREET	ilable until		Charge C.O.D	
I/We h	ind ourselv	es that the prices quoted above are the lowest we can offer and are applicable from			
	G GGIGCIV	as the prices quoted above are the lowest we can oner and are applicable from	to		now.
		prate Name	Chark if		Catalogue
N	Signa	ture over Printed Name of Authorized Representative () VAT Registered	Check if : () N	on - VAT Registered	
1	Tax le	dentification Number			
Business A	Address:	-			*3-966 0500050
Tel. nos./I	Fax no.:	Email Address:			





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office I

Akia Building, Old De Venecia Highway Dagupan City. Pangasinan
 (075) 515-1111; (075) 5230647 (fax) ⊕ www.philhealth.gov.ph
 PhilHealthllocos1Region teamphilhealth

TECHNICAL SPECIFICATION FOR SNACKS

ALAGA Ka for Indigent Members

NO. OF PAX	DATE	AREA	
278	April 23, 2024	Malasiqui, Pangasinan	

- 1. There is a need of Food which will provide snacks in the conduct of the said activity.
- 2. The caterer must serve food that is adequate, delicious and safe for consumption.
- 3. The supplier of food must be located within Central Pangasinan which is accessible to the venue to ensure prompt and efficient delivery.
- 4. The selection of the supplier of good shall follow the procedure for the procurement of Goods under Republic Act (RA) 9184 or the Government Procurement Reform Act.

Prepared by:

JEFFREY D ZARCILLA

Recommending Approval:

A. VALDEZ

CSIO/Head,LHIO Central Pangasinan

Approved by:

DENNIS B. ADRE

Regional Vice President, PRO1

of IV / MSD Chief

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