



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
**PhilHealth Regional Office VI**  
 Gaisano City Capital - Iloilo, Luna St., La Paz, Iloilo City  
 (033) 330-0233 www.philhealth.gov.ph  
 PhilHealth Region VI teamphilhealth

**REQUEST FOR QUOTATION**

Date: \_\_\_\_\_  
 Quotation No. 0114-2024

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than \_\_\_\_\_ in the **return envelope duly SEALED**, attached herewith. Please submit to Administrative Unit, Philhealth Regional Office VI., Gaisano City Mall, Lapaz, Iloilo City.

**Stephen Buendia**  
 Official Canvasser

<b>NOTE: ALL ENTRIES ARE ENCOURAGED TO BE TYPEWRITTEN/ WRITTEN LEGIBLY</b>						
1. APPROVED BUDGET FOR THE CONTRACT (ABC) is <u>P.125,312.25</u> 2. PRICE VALIDITY PERIOD: 90 calendar days 3. DELIVERY PERIOD: 30 days 4. TERMS OF PAYMENT: 30 days 5. A. WARRANTY FOR SUPPLIES: B. WARRANTY FOR EQUIPMENT: at least 1 YEAR on parts and service 6. WE WITHHELD TAXES APPLICABLE TO ITEMS PURCHASED						
ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	OFFER	UNIT PRICE	TOTAL AMOUNT
	<b>1 LOT PROCUREMENT OF SEMI-EXPENDABLE FOR CY 2024</b>					
1	FAN(OE) - Industrial Stand, 30", 3 fan speed control with oscillation, with built-in thermal fuse, adjustable height up to 165cm, solid X-stand base, Power rating: 280-300W	3	unit			
2	FAN(OE) - Stand Fan, Plastic, 380mm (min.), metal, three (3) speed setting, manufacturer's standard, motor: fully enclosed, 220-240 volts	16	unit			
3	REFRIGERATOR - 8 cu.ft, two door, smart inverter compressor, no-frost cooling system, tempered glass shelves, deodorizing filter, easy slide shelf, automatic defrosting system, power rated: 230v,60Hz	1	unit			
4	TELEVISION - Television, 55" smart flat panel LED TV, full high definition display resolution, USB/ HDMI ports for connectivity, AC 220V/ 60Hz power, accessories: remote control with battery, power cable, bracket/ stand	2	unit			
	<b>*nothing follows*</b>					

Delivery Period: \_\_\_\_\_  
 Warranty: \_\_\_\_\_  
 Price Validity: \_\_\_\_\_  
 Terms of Payment: \_\_\_\_\_

After having carefully read all the provisions/ conditions provided above, I hereby comply, accept and quote you on the item at prices noted above.

\_\_\_\_\_  
**Printed Name & Signature**

\_\_\_\_\_  
**Tel. No./ Cellphone No./ Email Address**

\_\_\_\_\_  
**PhilHealth Employer Number**

\_\_\_\_\_  
**Date**

