



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. \_\_\_\_\_

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

Address: \_\_\_\_\_  
 \_\_\_\_\_

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your **SEALED QUOTATION** duly signed by your representative not later than \_\_\_\_\_ at **Philhealth Regional Office VI, 3rd Floor Administrative Office, Gaisano City Mall, Luna St., La Paz, Iloilo City.**

\_\_\_\_\_ Canvasser

NOT **ALL ENTRIES ARE ENCOURAGED TO BE TYPEWRITTEN/ WRITTEN LEGIBLY**

- APPROVED BUDGET FOR THE CONTRACT (ABC) IS \_\_\_\_\_
- PRICE VALIDITY PERIOD: **90 days**
- DELIVERY PERIOD: **May 17, 2024 and October 17 -18, 2024**
- TERMS OF PAYMENT: **30 calendar days**
- A. WARRANTY FOR SUPPLIES: **N/A**  
 B. WARRANTY FRO EQUIPMENT: **N/A**
- WE WITHHELD TAXES APPLICABLE TO ITEMS PURCHASED

ITEM	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL AMOUNT
	Meals-Catering (AM Snacks, Lunch, PM Snacks) for the Conduct of AQAS Orientation for LHIO Point Person on May 17, 2024 and October 17-18, 2024		Pax		
	May 17, 2024	22	Pax		
	October 17, 2024	40	Pax		
	October 18, 2024	40	Pax		
	See attached Terms of Reference				

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**

**ANNEX A**

**TERMS OF REFERENCE**

**MEALS FOR THE CONDUCT OF AQAS ORIENTATION  
FOR LHIO POINT PERSON**

**Activity Date:** May 17, 2024 and October 17-18, 2024

**Location:** PhilHealth Regional Office, PMAC

**Catering Service:**

LUNCH	Date of Activity	No. of pax	Plain Rice	Main Course 1	Main Course 2	Side Dish 2	appetizer	Dessert	Drinks
	May 17, 2024	22	/	Pork	Chicken	Vegetables	x	/	Soft drinks
October 17-18, 2024	40	/	Beef	Fish	Vegetables	x	/	Soft drinks	

SNACKS	Date of Activity	No. of pax	AM Snacks		PM Snacks	
	May 17, 2024	22	Pasta with toasted bread	Juice	Sandwich	Soft drinks
October 17-18, 2024	40	Pasta with toasted bread	Juice	Sandwich	Soft drinks	

**D. Setting :**

- ( ) Banquet ( ) Classroom (  ) Buffet  
 ( ) Set ( ) Plated ( ) Packed

**E. Other offer:**

- The food should be ready and served by 9:00 AM for morning snacks, 11:00 AM for lunch and 3:00 PM for afternoon snacks.
- Set-up of food and menu shall be agreed with the end user.

**Payment Arrangement:** The total number of participants may change and Supplier's final billing shall be concurrent to the guaranteed number of participants certified 3 days prior to the activity.