

 Republic of the Philippines

 PHILIPPINE HEALTH INSURANCE CORPORATION

 PhilHealth Regional Office VI

 Satellite Office - Guimaras

 © GEMPC Building, Capitol Grounds, Jordan, Guimaras

 € (033) 322-5226 ⊕ www.philhealth.gov.ph

 PhilHealth Region VI

 ♥ teamphilhealth

REQUEST for QUOTATION

Date:

Quotation No.: GSO-2024-009

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 returned envelope duly SEALED, attached herewith.

IAN J<u>UN V. JORN</u>ADAL

Official Canvasser

NOTE: 1. APPROVED BUDGET FOR THE CONTRACT (ABC) IS Php 146,900.00

- 2. ALL ENTRIES ARE ENCOURAGE TO BE TYPEWRITTEN/ WRITTEN LEGIBLY
- 3. DELIVERY PERIOD : START OF CONTRACT UNTIL DECEMBER 2024.
- 4. PRICE VALIDITY SHALL BE FOR A PERIOD OF <u>90</u> CALENDAR DAYS
- 5. TERMS OF PAYMENT IS 30 CALENDAR DAYS AFTER RECEIPT OF BILLING STATEMENT/ CHARGE INVOICE
- 6. WE WITHHELD TAXES APPLICABLE TO ITEMS PURCHASED

| ITEM NO. | ITEM & DESCRIPTION | QTY. | UNIT | UNIT PRICE | TOTAL AMOUNT |
|-------------|---|------|------|---------------|--------------|
| | Preventive Maintenance of PhilHealth Satellite Office Guimaras Corporate Vehicle for CY 2024 | 1 | Lot | | |
| | TOYOTA INNOVA SLD 681- 2013 | | | | |
| | Labor & Materials: | | | | |
| | A. Periodic Maintenance | | | | |
| | Change Oil, Filter & Air Filter | 4 | qtrs | | |
| | Replacement of timing belt and its components | 1 | set | | |
| | Labor & Materials: | | | | |
| | B. Ordinary Repair due to Fair Wear and Tear | | | | |
| | Tires: 205/65 R15 w/ wheel alignment & wheel balancing | 5 | pcs | | |
| | Replacement of fan belt, alternator belt, aircon belt | 1 | set | | |
| | Battery: 11 plates, 12 volts, 3SMF | 1 | рс | | |
| | Wiper Blades: 18" and 20" | 2 | pcs | | |
| | | | | | |



Brand and Model: N/A

Delivery Period: Start of Contract until December 2024

Warranty: N/A

Price Validity: <u>90 Days</u>

Terms of Payment: <u>30 days</u>

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Printed Name & Signature

Tel. No./ Cellphone No./ Email Address

PhilHealth Employer Number

Date