

REQUEST FOR QUOTATION

Date: April 17, 2024
 RFQ No.: 2024-04-134

Name of Supplier: _____
 Address: _____

The Philippine Health Insurance Corporation Regional Office No. V, will undertake **Procurement of Food for the conduct of Assisted Batch Registration for Caramoan, Cam Sur** through **NP - Small Value Procurement** in accordance with Section 53.9 of the **2016 Revised IRR of RA 9184** with Approved Budget for the Contract in the amount of **Php 220,000.00**

Please quote your best offer for the item/s described herein. Submit your financial quotation duly signed by you or your duly authorized representative, **together with the copy of documentary requirements listed below**, not later than **April 23, 2024**.

Please submit your sealed quotations at the 2nd Floor **PhilHealth RO V, ANST Building IV, Benny S. Imperial St., Legazpi City**, to:

(Signature)
FULBERT BERNARDO

(Signature)
SHIRLEY S. VICTORIA
 FC IV/ Acting Chief, Management Services Division
 Date: _____

Official Canvasser (Signature over Printed name)
 Date: _____

After having carefully read and accepted the Terms and Conditions as enumerated below this Form, I/we submit our quotation for the following item/s:

No.	Unit	Item Description/Technical Specification	Qty.	Unit Price	Total
		Procurement of Food for the conduct of Assisted Batch Registration for Caramoan, Cam Sur on May 13-17, 2024			
		MEALS: 1 Snack and 1 lunch (without venue)			
1	pax	Snack: Pasta and Bread with Juice and Bottled Water, Candies	1,050		
2	pax	Lunch: Rice, Pork Viand, Chicken Viand, Seafood, Pastry, Canned Juice and Bottled Water	50		
		XXXXXXXXXX			
		for LHIO Cam Sur use			
		Notes:			
		Supplier to include transportation cost of the goods to the event venue			
		Billing can be served every completed activity and will be paid at the end of the month.			
		PR24-04-137			

Attached to our quotation are the following documentary requirements, as follows (please put the word **"comply or not comply"** inside the box beside the submitted documents, please **do not** just put a (/) check):

COMPLIANCE WITH THE DOCUMENTARY REQUIREMENTS																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td>2024 Mayor's/Business Permit</td> <td style="width: 15%;"><input type="checkbox"/></td> <td>BIR 2303 (for new supplier)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PhilGEPS Registration Certificate/Number</td> <td><input type="checkbox"/></td> <td>OTHERS:</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Latest Income/Business Tax Return duly received by BIR</td> <td><input type="checkbox"/></td> <td>BIR TIN No. (VAT) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Notarized Omnibus Sworn Statement.</td> <td><input type="checkbox"/></td> <td>(NON-VAT)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Proof of Latest PhilHealth Contribution</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/>	2024 Mayor's/Business Permit	<input type="checkbox"/>	BIR 2303 (for new supplier)	<input type="checkbox"/>	PhilGEPS Registration Certificate/Number	<input type="checkbox"/>	OTHERS:	<input type="checkbox"/>	Latest Income/Business Tax Return duly received by BIR	<input type="checkbox"/>	BIR TIN No. (VAT) _____	<input type="checkbox"/>	Notarized Omnibus Sworn Statement.	<input type="checkbox"/>	(NON-VAT)	<input type="checkbox"/>	Proof of Latest PhilHealth Contribution			
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TERMS AND CONDITIONS	
1	Bidders shall provide correct and accurate information required in this form.
2	Price quotations must be valid for a period of thirty (30) calendar days from the date of submission.
3	Price quotation/s to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
4	Quotations exceeding the Approved Budget for the Contract shall be rejected.
5	Award of contract shall be made to the lowest quotation which complies with the minimum specifications and other terms and conditions stated therein.
6	Any erasures or overwriting shall be valid only if they are signed or initialled by you or any of your duly authorized representative/s.
7	The item/s shall be delivered according to the specified requirements in the descriptions provided.
8	Delivery date period is on date of delivery upon supplier's receipt of Purchase Order/NTP.
9	Payment shall be made at the PhilHealth Regional Office V after delivery and upon the submission of the required supporting documents.

REMINDER:

Please be reminded that the Corporation is implementing the **"NO GIFT POLICY"** (In compliance with R.A. No. 6713 and R.A. No. 3019)

For any violations of this policy or any unethical behaviour from our officers and staff, please contact our

Very truly yours,

 Signature over Printed Name

 Position/Designation

 Telephone/Mobile No. _____
 Email Add: _____

