



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office V
 ANST Building IV, Benny S. Imperial St., Legazpi City, Albay
 (052) 820-5538 @ www.philhealth.gov.ph
 PhilHealthBicol teamphilhealth

REQUEST FOR QUOTATION

Date: April 17, 2024
 RFQ No. : 2024-04-137

Name of Supplier: _____
 Address: _____

The Philippine Health Insurance Corporation Regional Office No. V, will undertake Procurement of Food (Packed Snacks, AM and PM Snacks and Lunch) for the conduct of assisted registration activities in the different municipalities/area within the province of Camarines Norte 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 500,000.00**

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 24, 2024**.

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

EMBERT BERNARDO

SHIRLEY S VICTORIA

Official Canvasser (Signature over Printed name)
 Date: _____

FC IV/ Acting Chief, Management Services Division
 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
		Food (Packed Snacks, AM and PM Snacks and Lunch) for the conduct of assisted registration activities in the different municipalities/area within the province of Camarines Norte from May to October CY 2024			
1	pax	Packed Snacks	2,992		
2	pax	Packed AM & PM Snacks and Lunch	210		
		Please see attached Technical Specifications XXXXXXXXXXXXXX for LHIO Cam Norte use			
		PR24-04-140			

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	
<input type="checkbox"/>	2024 Mayor's/Business Permit
<input type="checkbox"/>	PhilGEPS Registration Certificate/Number
<input type="checkbox"/>	Latest Income/Business Tax Return duly received by BIR
<input type="checkbox"/>	Notarized Omnibus Sworn Statement.
<input type="checkbox"/>	Proof of Latest PhilHealth Contribution
<input type="checkbox"/>	BIR 2303 (for new supplier)
<input type="checkbox"/>	OTHERS: BIR TIN No. (VAT) _____ (NON-VAT)

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 initialed 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: _____





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**TECHNICAL SPECIFICATIONS FOR
 PROCUREMENT OF FOODS DURING THE CONDUCT OF
 ASSISTED REGISTRATION ACTIVITIES IN THE
 PROVINCE OF CAMARINES NORTE**

I. Project Title					
Conduct of Assisted Registration to Employed Sector (Government & Private) in the Province of Camarines Norte this CY 2024					
II. Objective					
The main goal of the conduct of this activities is to maintain the continuity of health-related activities, to develop partnerships with PhilHealth Partners, Members, Agencies & stakeholders and provide information and education campaign on KonSulTa policies. Through this activities, all members and qualified dependents must be registered with Accredited KonSulTa Providers of their choice; conduct First Patient Encounter and consultation and be provided with health- care services they need thru the KonSulTa Package Program.					
III. Activity Date , Location and Quantity of Food Packs per Activity					
Date	Municipality/Venue	Members	Partners/Facilitators		
			Packed Snacks	AM Snacks	LUNCH
May 9, 2024	Capalonga	90	10	10	10
May 17, 2024	Daet	343	10	10	10
May 21, 2024	Basud	100	10	10	10
May 28, 2024	Jose Panganiban	130	10	10	10
June 4, 2024	Labo	320	10	10	10
June 14, 2024	Paracale	150	10	10	10
June 19, 2024	Mercedes	200	10	10	10
June 25, 2024	San Lorenzo Ruiz	50	10	10	10
July 3, 2024	Sta. Elena	150	10	10	10
July 10, 2024	San Vicente	60	10	10	10





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July 17, 2024	Talisay	70	10	10	10
July 24, 2024	Vinzons	89	10	10	10
July 31, 2024	Daet	60	10	10	10
Aug. 7, 2024	Daet	60	10	10	10
Aug 14, 2024	Daet	100	10	10	10
Aug. 21, 2024	Daet	100	10	10	10
Sept. 3, 2024	Labo	60	10	10	10
Sept. 10, 2024	Basud	80	10	10	10
Sept. 17, 2024	Daet	100	10	10	10
Sept. 25, 2024	Daet	80	10	10	10
Oct. 2, 2024	Daet	600	10	10	10
	TOTAL	2,992	210		

A. REQUIREMENTS

1. Must provide good food which will be indicated in the submission of Proposal/Quotation, such as:
 - Packed Snacks of members during scheduled Assisted Registration activities in the different locations/areas within the Province of Camarines Norte;
 - Packed AM Snacks and lunch and PM Snacks for partners/facilitators during scheduled Assisted Registration activities in the different locations/areas within the Province of Camarines Norte.
2. Food packs (1 Snacks) for Members/Clients must be composed of:
 - Tuna/Chicken Sandwich
 - Juice in can/bottle (350 ml)
3. Food packs for Partner/Facilitators must be composed of:
 - a. AM Snacks – Tuna/Sandwich & Juice in can/Bottled (350ml)
 - b. Lunch – 1 pork viand, 1 vegetable viand, rice & dessert
 - c. PM Snacks – Burger with fries & Juice in can/Bottled (350ml)
4. Foods/ Snacks to be served must be agreed upon for variations of the day to day serving.





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B. SERVICES

1. The food to be provided shall be delivered on-site/location of the Assisted Registration activity on the date/s and required number of food packs as indicated in Item III of this Technical Requirements/Specifications.
2. The provider must comply to food safety standards to avoid serving contaminated food/food spoilage.

C. SETTING

1. The food to be provided must in packed for easy distribution to attending clients/members and PhilHealth personnel/partner agencies who will facilitate during the activity (on-Site) in the different municipalities/areas within the Province of Camarines Norte.

D. PAYMENT TERMS

1. The amount quoted by the supplier/provider for the food requirements based on the above specifications shall be inclusive of taxes, other required government fees, and shall be the agreed total contract price; and
2. The supplier/provider shall agree to the Monthly arrangement or send bill for every delivered/completed activity. Payment shall be processed upon complete submission of all documentary requirements, together with the Billing Statement.

Prepared by:

[Signature]
ROSIE B. SALVIDAR
 CSIO/Head, LHIO Cam Norte

Recommended for Approval:

[Signature]
RONALD E. SANTELICES, MD
 Division Chief, Field Operations Division

26 MAR 2024

Approved
 Disapproved

<i>[Signature]</i>

[Signature]
ALBERTO C. MANDURIAO
 Regional Vice President, PRO V

