



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office X
8F Gateway Tower 2, Limketkai Center, C.M. Recto Avenue
Cagayan de Oro City
(088) 859-0225 www.philhealth.gov.ph
PhilHealth Northmin Region Xteamphilhealth

REQUEST FOR QUOTATION

OFFICE/SECTION/UNIT: _____

Control No.: _____

1. All entries must be typewritten or written legibly in print
2. Except for custom-made items, delivery period shall be within _____ calendar days from receipt of the approved Purchase Order.
3. Standard warranty period: (from date of acceptance by PhilHealth)
For Supplies & Materials: at least six (6) months
For Equipment: at least one (1) year
4. Price validity shall be for a period of 30 calendar days
5. Valid & Current Mayor's Permit/Municipal License
6. Recent BIR, DTI/SEC Registration Certificate and other documents required in CO 2020-0019
7. PhilGEPS Registration Certificate
8. Tax Clearance
9. Others: _____ (eg. Swatches, sample materials, lay-out, etc.)

In accordance with the General Conditions, please quote your lowest price on the item/s listed in the matrix below & state the shortest time delivery. This has been posted in the G-EPS website from _____ to _____.

Kindly submit/fax your quotation duly signed by your representative together with the above-mentioned requirements from item nos. 5 to 9 before the close of business hours on _____.

DENNIS A. LUMAPAS

Official Canvasser

GLADYS A. ELTANAL

Administrative Officer III

Date: _____

Date: _____

Date: _____

TO: Phihealth Regional Office X

(Agency)

6th Floor Gateway Tower 2, LimKetkai Center

CM Recto St., Cagayan DE Oro City

(Address)

ATTENTION: Gladys A. Eltanal
Administrative Officer III

After having carefully read and accepted your General Conditions, please refer to the price quotation we have indicated on the space provic

QTY	UNIT	JOB DESCRIPTION	UNIT PRICE	TOTAL PRICE	
2000	pcs	PhilHealth Mugs (for LHIOs Activities)			
		xxxnothing followsxxx			

Delivery Period: _____

Waranty: _____

Items available until: _____

I/We bind ourselves that the prices quoted above are the lowest we can offer and are applicable from _____ to _____.

Business Address: _____

Corporate Name

Tel. nos./Fax no.: _____

Signature over Printed Name of Authorized Representative

Email Address: _____

Tax Identification Number

