

REQUEST FOR QUOTATION

Date: March 18, 2025
RFQ No.: 2025-03-086

Name of Supplier: _____
Address: _____

The Philippine Health Insurance Corporation Regional Office No. V, will undertake **Procurement of Snacks (Customer Delights) for LHIO Catanduanes Clients from January to December 2025** through NP - Small Value Procurement with **53.9** of the 2016 Revised IRR of RA 9184 with Approved Budget for the Contract in the amount of **Php 59,472.00**

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 **March 24, 2025**.

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

At the _____
the box beside _____

Official Canvasser (Signature over Printed name)
Date: _____

SHIRLEY S. VICTORIA
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
1	lot	Snacks (Customer Delights) for LHIO Catanduanes Clients from January to December 2025	1		
2	pc	Juice Drink (230 ml)	1,008		
3	pc	Cupcake and Biscuit	1,008		
		*Note: qty = 84 pax/month x 12 months = 1008			

		For LHIO Catanduanes use			
		PR25-03-104			

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"/>	2025 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"/>	Tax Clearance Certificate	<input type="checkbox"/>	(NON-VAT) _____
<input type="checkbox"/>	Proof of Latest PhilHealth Contribution for the last 6 months		
<input type="checkbox"/>	Omnibus Sworn Statement		

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 Trunk Line No. 820-5538 and look for the Head of Admin Services Section.

Very truly yours,

Signature over Printed Name

Position/Designation

Telephone/Mobile No. _____

Email Add: _____