

REQUEST FOR QUOTATION

SHOPPING RFQ NO. 2025-005

PhilHealth Region III, through its Bids and Awards Committee intends to procure the following:

Project Title	PROCUREMENT OF WATER DISPENSER
Approved Budget for the Contract	Php113,400.00
Mode of Procurement	SHOPPING
Deadline of Submission	MARCH 25, 2025

GENERAL CONDITIONS:

1. All entries must be typewritten or written legibly in print.
2. Price validity shall be for a period of **90 calendar days**
3. Requirements to be submitted by the lowest calculated bidder:
 - a. 2024 Mayor's Permit or Business Permit
 - b. PhilGEPS' Proof of Registration or PhilGEPS Certificate
 - c. PhilHealth Certificate of Updated Contribution
 - d. DTI or SEC Registration Certificates (whichever is applicable)
 - e. BIR 2303 Registration Certificate
 - f. TAX Clearance Certificate
 - g. Omnibus Sworn Statement (if applicable)
 - h. Annual Income / Business Tax Return (if applicable)
 - i. The completed form shall serve as your formal quotation. Please submit your proposal to PhilHealth Region 3, City of San Fernando(P) or through electronic mail at macalinoa@philhealth.gov.ph


ARNAIZ M. MACALINO
 Official Canvasser

Date: _____

After having carefully read and accepted the general conditions in your Request for Quotation, hereunder is our quotation valid until _____

Qty.	Unit	Item Description / Specification	Approved Budget for the Contract	Total Cost
10	units	WATER DISPENSER – Hot and Cold, top loading water, 5 gallon dispenser	Total Cost: ₱113,400.00	

Company Name: _____

Business Address: _____

Name and Signature of Authorized Representative: _____

Contact Number of Authorized Representative: _____

Email Address: _____



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office III
PhilHealth Bldg., Lazatin Blvd., San Agustin,
City of San Fernando, Pampanga
☎ (045) 963-0299 🌐 www.philhealth.gov.ph
📧 PhilHealthRegionIII 📧 teamphilhealth

**TECHNICAL SPECIFICATIONS
SEMI EXPENDABLE
OTHER MACHINERY AND EQUIPMENT FOR CY 2025**

OBJECTIVE

To be able to find a supplier that will meet and provide the requirements needed by PhilHealth Regional Office III for the procurement of **Other Machinery and Equipment** for CY 2025.

SPECIFICATIONS:

Qty.	Unit	Item Description
10	units	WATER DISPENSER Hot and cold, top loading water, 5 gallon dispenser

WARRANTY:

- One (1) Year on Parts and Services. Ten (10) years on Compressor. The Office Equipment is free from defects in workmanship and materials for one year from the date of purchase.

OTHER TERMS AND CONDITION:

- Fees and charges payable shall be paid within (15) calendar days from the date of Invoice or Statement of Account and completion of documentary requirements for the processing of payment.
- Cost shall be inclusive of VAT and other tax exemptions.

LIQUIDATED DAMAGES:

If the Service Provider fails to deliver any or all of the goods and/or to performance the services within the period specified in the contract, the Procuring Entity shall, without prejudice to its order remedies under the contract and under the applicable law, deduct from the contract price as liquidated damages, the applicable rate of one-tenth (1/10) of one percent (1%) of the cost of the unperformed portion for every day of delay, provided that the maximum deduction shall be ten percent (10%) of the total amount of the contract price, the Procuring Entity reserves the right to rescind the contract, without prejudice to other courses of action and remedies available to it.



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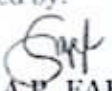
DELIVERY DATE:

- Within 30 Working Days upon Conformance on Purchase Order


MODE OF PROCUREMENT:

- Local Shopping

Prepared by:


MAELAP P. FABIAN
Social Insurance Assistant I, GSU


Reviewed by:


MA. ADELINDA M. MORALES
Acting Head of GSU

Verified by:


FERDINAND M. GUINTO
Acting ASS Head/
Concurrent HRU Head

Recommending Approval:


RUBY M. VITUG
Division Chief IV, MSD

Approved by:


HENRY V. ALMANON
Acting Vice President, PRO III