



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](https://www.facebook.com/teamphilhealth)

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

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

GLADYS A. ELTANAL

Administrative Officer III

Date: _____

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 Marketing Shirt Panatag Kami dito (for LHIOs) | | | |
| | | xxxnothing followsxxx | | | |

Delivery Period: _____

Warranty: _____

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: _____

Tel. nos./Fax no.: _____

Email Address: _____



Corporate Name _____

Signature over Printed Name of Authorized Representative _____

Tax Identification Number _____