



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](http://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 Baseball Cap Strap Back with Buckle (for LHIOs)			
		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 \_\_\_\_\_

