

REQUEST FOR QUOTATION

Date: _____
 Quotation No. 0191-2025

Company Name: _____
 Address: _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope duly **SEALED**, attached herewith. Please submit to Administrative Unit, Philhealth Regional Office VI., Gaisano City Mall, Lapaz, Iloilo City.

Official Canvasser

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	OFFER	UNIT PRICE	TOTAL AMOUNT
NOTE: ALL ENTRIES ARE ENCOURAGED TO BE TYPEWRITTEN/ WRITTEN LEGIBLY 1. APPROVED BUDGET FOR THE CONTRACT (ABC) is <u>Php 60,000.00</u> 2. PRICE VALIDITY PERIOD: <u>90 days</u> 3. DELIVERY PERIOD: <u>May 8 - 9, 2025</u> 4. TERMS OF PAYMENT: <u>30 days</u> 5. A. WARRANTY FOR SUPPLIES: B. WARRANTY FOR EQUIPMENT: 6. WE WITHHELD TAXES APPLICABLE TO ITEMS PURCHASED						
	Catering Services for the Conduct of Social Health Insurance Education Series (SHInES) (1 batch for 2 days)	1	lot			
	DAY 1	40	pax			
	AM Snacks					
	Lunch					
	PM Snacks					
	DAY 2	40	pax			
	AM Snacks					
	Lunch					
	PM Snacks					
	Please see attached Terms of Reference					

Delivery Period: _____
 Warranty: _____
 Price Validity: _____
 Terms of Payment: _____

After having carefully read all the provisions/ conditions provided above, I hereby comply, accept and quote you on the item at prices noted above.

Printed Name & Signature

Tel. No./ Cellphone No./ Email Address

PhilHealth Employer Number

Date