

**REQUEST FOR QUOTATION**

Date: April 25, 2025

RFQ No.: 2025-04-134

Name of Supplier: \_\_\_\_\_  
Address: \_\_\_\_\_

The Philippine Health Insurance Corporation Regional Office No. V, will undertake **Procurement of Semi-Expendable Other Machinery (Camera)** 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 128,760.00**

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 **May 2, 2025**.

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

GILBERT D. BERNARDO  
Official Convasser (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
		<b>Semi-Expendable Other Machinery (Camera)</b>			
1	unit	<b>CAMERA:</b> Car Dashboard Camera, Full HD 1080P (front) & HD 720P(rear), at least 2.4" LCD Display, with built-in WIFI, GPS and G-sensor, front lens: 160deg wide viewing angle, rear lens: 110deg (diagonal), with parking monitoring mode. Includes suction car mount, micro sd memory card, power adapter	14		
2	unit	<b>CAMERA:</b> Digital Single-Lens Relfex (DSLR) Camera, 24.1 megapixel, interchangeable lens, automatic transfer fuction in real-time while shooting.	1		
		*****			
		For Admin Services Section use			
		PR25-04-159			

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 (Presented prior to Final Payment)	<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**

- Bidders shall provide correct and accurate information required in this form.
- Price quotations must be valid for a period of thirty (30) calendar days from the date of submission.
- Price quotation/s to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- Quotations exceeding the Approved Budget for the Contract shall be rejected.
- Award of contract shall be made to the lowest quotation which complies with the minimum specifications and other terms and conditions stated therein.
- Any erasures or overwriting shall be valid only if they are signed or initialled by you or any of your duly authorized representative/s.
- The item/s shall be delivered according to the specified requirements in the descriptions provided.
- Delivery date period is on date of delivery upon supplier's receipt of Purchase Order/NTP.
- 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: \_\_\_\_\_