

REQUEST FOR QUOTATION

 Date: May 13, 2025
 RFQ No. : **2025-05-153**

 Name of Supplier: _____
 Address: _____

The Philippine Health Insurance Corporation Regional Office No. V, will undertake **Procurement of Hauling Service of Records, Supplies, Furnitures and Other Equipment** 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 70,000.00**

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 19, 2025**.

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

Guilbert D. Bernardo
GUILBERT D. BERNARDO
 Administrative Officer I

 Official Canvasser (Signature over Printed name)
 Date: _____

Shirley S. Victoria
SHIRLEY S. VICTORIA
 Chief, Management Services Division
Shirley S. Victoria 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 |
|-----|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|-------|
| 1 | lot | Procurement of Hauling Service of LHIO Cam Norte Records, Supplies, Furnitures and Other Equipment (Excluding Generator Set and Airconditioning Units) | 1 | | |
| | | (Please see attached Terms of Reference) | | | |
| | | ***** | | | |
| | | For LHIO Camarines Norte use | | | |
| | | PR25-05-190 | | | |

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"/> | Proof of Latest PhilHealth Contribution for the last 6 months | <input type="checkbox"/> | (NON-VAT) _____ |
| <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: _____