Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office V
ANST Building IV, Benny S. Imperial St., Legazpi City, Albay
(052) 820-5538 www.philhealth.gov.ph
PhilHealthBicol teamphilhealth

REQUEST FOR QUOTATION

Date: May 13, 2025
RFQ No. : **2025-05-155**

Name of Supplier:_____
Address: _____

The Philippine Health Insurance Corporation Regional Office No. V, will undertake **Procurement of Hauling, Dismantling, Re-Installation and Re-Connection of LHIO Cam Norte Generator Set** 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 88,000.00**

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
Administrative Officer V
Official Canvasser (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
1	lot	**Procurement of Hauling, Dismantling, Re-Installation and Re-Connection of LHIO Cam Norte Generator Set** *(Includes Supplies for reconnection, Including Cable and Wiring, Pipes, Transfer of Switch, Fabrication of Concrete Basewith Roof and 4 pcs Rubber Support)*	1		
		(Please see attached Terms of Reference)			
		**********			
		For LHIO Camarines Norte use			
		PR25-05-192			

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

- ☐ **2025 Mayor's/Business Permit**
- ☐ **PhilGEPS Registration Certificate/Number**
- ☐ **Latest Income/Business Tax Return duly received by BIR**
- ☐ **Proof of Latest PhilHealth Contribution for the last 6 months**
- ☐ **Omnibus Sworn Statement**
- ☐ **BIR 2303 (for new supplier)**

OTHERS:
BIR TIN No. (VAT) _____
(NON-VAT) _____

TERMS AND CONDITIONS

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