

## REQUEST FOR QUOTATION

Date: May 14, 2025RFQ No: 2025-10-121

The Philippine Health Insurance Corporation (PhilHealth) through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

### PROCUREMENT OF CORRUGATED BOX

Approved Budget	<u>P79,490.76</u>
Purchase Request No/s	<u>2025-01-114 dated May 13, 2025</u>
Mode of Procurement	<u>NP - SMALL VALUE</u>
Period of Submission	<u>May 15, 2025 to May 19, 2025</u>
Delivery Period	<u>30 days upon receipt of PO or Contract</u>

Interested bidders/ suppliers of known qualifications are hereby invited to submit quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

Secretariat or the Bids and Awards  
Committee (SBAC)/ Procurement Unit  
PhilHealth Regional Office IVA  
Brgy Ilayang Dupay Lucena City  
Telephone: 02-84417444 local 5116 / (042) 373  
7782/7056  
bantucanj@philhealth.gov.ph  
datinguinooa@philhealth.gov.ph

  
**ALLAN JEFFREY F. DATINGUINOO**

Canvasser / Administrative Aide VI

  
**JOY ANNE J. BANTUCAN**

Administrative Services Officer II

Supplier who will submit a proposal / offer with the **lowest calculated quotation** shall be selected. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for **Small Value Procurement** (Sec. 53.9) shall be submitted **within three (3) working days upon notification.**

- 1. Mayor's /Business Permit for CY 2025;**
- 2. PhilGEPs Registration Number; and**
- 3. Proof of PhilHealth Contribution (latest)**
- 4. Omnibus Sworn Statement (50K and above)**
- 5. ITR/Business Tax Return with ABC above 500k**

**\*\*INSTRUCTION TO SUPPLIERS\*\***

1. Submit your quotation using the prescribed Quotation Form ( Annex A of the RFQ).
2. Accomplish the Quotation Form and do not alter the contents of the form in any way.
3. Non-compliance with the submission of the **accomplished prescribed/standard Quotation Form and Documentary Requirements** as stated above within the prescribed deadline shall automatically be disqualified.



"ANNEX A"

## QUOTATION FORM

**Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Official Email Address:** \_\_\_\_\_

After having carefully read and accepted the Terms and Conditions of this RFQ specified in Annex B, hereunder is our quotation/s for the item as follows:

Item No.	QTY	UNIT	Approved Budget for the Contract (ABC)		ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (please check the box if "Comply" or "Not Comply")	Supplier's Offer	
			Unit Price	Total Price			Do not fill this out if you did not comply with the Tech Specs	
1	996	sets	79.81	79,490.76	BOX Corrugated			
					-Plain, 136kl/300lbs., BC Flute Body: 16" x 10 1/2" x 10 3/6", Top: 16 1/2" x 11" x 2"	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
					Others: Deliveries shall be included only during regular working days within office hours. Deliveries during weekends and holidays are strictly prohibited. It shall be accompanied by a Delivery Receipt and/or Sales Invoice.	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
							<b>TOTAL:</b>	

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O / J.O.	<b>Statement of Compliance</b> (please check the box if "Comply" or "Not Comply")
<b>**Date of Delivery Period</b> -30 days upon receipt of PO or Contract	<input type="checkbox"/> comply <input type="checkbox"/> not comply

I hereby certify to comply and deliver all the above requirements.

---

Signature over Printed Name

---

Postion/ Designation

---

Date



**"ANNEX B"****TERMS AND CONDITION:**

1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. Suppliers/Bidders shall quote on Item.
3. Price quotation/s must valid for thirty (30) calendar days from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/ or levies payable.
5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
10. In case of the two or more bidders are determined to have submitted to the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
11. **Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.**
12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be impose per day of delay. PhilHealth shall rescind the contract once the cumulative amount of the other courses of action and remedies open to it.
13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for non-expendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects an all the conditions imposed under the contract have been fully met.
14. The contracting parties shall comply with Office Order No. 0018-2015 "Reiteration of PhilHealth No Gift policy (Revision 1).
15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and al statements and information provided therein are true and correct.

**I hereby declare that I understand and acknowledge the terms and conditions listed.**

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Postion/ Designation

\_\_\_\_\_  
Date

