

REQUEST FOR QUOTATION OF MEALS

Date: 05/ 14 /2025

RFQ No.2505- 1692

The **Philippine Health Insurance Corporation (PhilHealth)** through its General Services Unit, intends to procure:

Approved Budget for the Contract: **Php 22,500.00**
Purchase Request No/s : PR No. 2505-16-23
Mode of Procurement : Small Value Procurement
Deadline of submission : 5/ 14 /2025 to 5/ 17 /2025
Delivery Period :

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 addressee:

General Services Unit
Philippine Health Insurance Corporation
Rm. 201, 2nd Floor, Valgosons Building,
Bolton Extension, Brgy. 1-A, Davao City
Telephone: 02-2952133 local 6319



Alcher Alcuisar
Canvasser
digos.pro11@philhealth.gov.ph



Ms. Mary Grace Socorro S. Gonzalo
Unit Head
digos.pro11@philhealth.gov.ph

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 Negotiated-Small Value Procurement (Section 53.9) shall be submitted **within three (3) working days upon notification.**

1. Mayor's /Business Permit for CY2025;
2. PhilGEPs Registration Number;
3. Income / Business Tax Return;
4. Omnibus Sworn Statement; and
5. Proof of PhilHealth Contribution. (latest)
6. Tax Clearance

INSTRUCTION TO SUPPLIERS

- Submit your quotation using the prescribed **Quotation Form** (Annex A of the RFQ).
- Accomplish the **Quotation Form** and do not alter the contents of the form in any way.
- 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.
- **For this project, partial quote is allowed. Suppliers shall have the option of submitting a quotation on any or all items which should not exceed the ABC of each item. The evaluation and contract award will be undertaken on a per line basis.**



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office XI
 Local Health Insurance Office - Digos, Davao Del Sur
 De Leon Building, Roxas Ext. Street, Birgy, San Miguel
 Digos City, Davao del Sur
 ☎ (082) 295-2133 local 6365 to 6366 🌐 www.philhealth.gov.ph
 📧 philhealthregion11 📠 teamphilhealth

"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 line items as follows:

Line No.	QTY	Unit Price	Total Price	ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (“Comply” or “Not Comply”)	Supplier's Offer	
						Unit Price	Total Price
1	30 Pax	Php 750.00	Php 22,500.00	June 13, 2025 Meals, inclusive of Lunch, with AM PM snacks for the Conduct Information Caravan			
				nothing follows			
		TOTAL:	Php 22,500.00				

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

 Signature over Printed Name
 Authorized representative

 Position / Designation

"ANNEX B"

TERMS AND CONDITIONS:

1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. Suppliers/Bidders shall quote on all items / Suppliers/Bidders may quote on any or all items.
3. Price quotation/s must be 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 per item (if line/lot) 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 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 imposed per day of delay. PhilHealth shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount, without prejudice to 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 and 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 all 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

Position / Designation

Date