

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office - I Akia Bldg., Old De Venecia Highway, Dagupan City, Pangasinan Trunkline No. 515-3333 Telefax No. 523-3127

E-mail: gsu.pro1@gmail.com



### **REQUEST FOR QUOTATION**

#### **GENERAL CONDITIONS:**

1. All entries must be typewritten or written legibly in print.

2. Except for custom-made items, delivery period shall be within seven (7) days calendar days from receipt of the approved Purchase Order.

3. Standard warranty period: (from date of acceptance by PhilHealth) - For Supplies & Materials: at least six (6) months, For Equipment: at least one (1) year

4. Price validity shall be for a period of 30 calendar days

5. Recent Business Permit, BIR, DTI/SEC, PhilGEPS & PhilHealth Registration Certificate shall be attached upon submission of the quotation

- 6. The completed form shall serve as your formal quotation
- 7. Others: (eg. Swatches, sample materials, lay-out, etc.)

Official Canvasser

TO:		NE HEALTH INSURANCE CORPORATION	RFQ N	Э
	LHIO Easter	n Pangasinan		
ATTENTI	ON:	LHIO EP	PR: No.	
		(Procurement Section)		
After h	naving carefull	y read and accepted your General Conditions, please refer to the price quotation we have	indicated on the s	pace provided for:
QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
275	pax	Snacks/Meals for KP beneficiaries		
25	pax	Meals- AM/PM Snacks and Lunch for Accredited KPP Providers and PhilHealth Personnel		
			-	
2.417.987.00.0	-			
				-
Delivery Period: Warranty:			Terms	of Payment: Charge
		able until:		C.O.D
I/We b		that the prices quoted above are the lowest we can offer and are applicable from	to	
	Corpor	ate Name		
	Signatu	ure over Printed Name of Authorized Representative () VAT Registered	<u>e Check if :</u>	on - VAT Registered
	Tax Ide	intification Number	() NO	on - vai kegisiered
Business	Address:	· · · · · · · · · · · · · · · · · · ·		
Tel. nos./	'Fax no.:	. Email Address:		





Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office I 9 Akia Building, Old Do Vagagia History Degrade City, Descention

♥ Akia Building, Old De Venecia Highway Dagupan City, Pangasinan
 ♥ (075) 515-1111; (075) 5230647 (fax) ⊕ www.philhealth.gov.ph
 ♥ PhilHealthIlocos1Region % teamphilhealth

# **TECHNICAL SPECIFICATIONS**

I. Name of Project	Procurement of Meals for PhilHealth KONSULTA Caravan of LHIO- Eastern Pangasinan to KP beneficiaries of San Manuel, Pangasinan
II. Objective	To find a reputable supplier to provide Meals to be served during the PhilHealth KONSULTA Caravan of LHIO-Eastern Pangasinan to KP beneficiaries of San Manuel, Pangasinan
III. Duration	April-May 2025
IV. Budget / Budget Source	Php66,250.00/MPE Social Marketing – KONSULTA Service Delivery Caravan Budget 2025
V. Documentary Requirements	<ol> <li>Current Business / Mayor's Permit</li> <li>PhilGEPS Registration</li> <li>BIR Certificate of Registration</li> <li>Omnibus Sworn Statement</li> <li>PhilHealth Contribution</li> </ol>

## **VI. Requirements**

- To provide and deliver Meals during the conduct of PhilHealth KONSULTA Caravan of LHIO-Eastern Pangasinan to 275 pax (snacks/meals) Konsulta beneficiaries of San Manuel, Pangasinan and 25 pax (AM/PM snacks and Lunch) for accredited KPP Personnel and PhilHealth personnel
- 2. Supplier must provide and deliver foods and drinks that are excellent in quality and in fresh state. It must be healthy and fit for consumption.

The menu to include the following:					
275 pax snacks for	Heavy snacks/meals				
Konsulta beneficiaries	Rice meals with bread, bottled water and juice				
25 pax for KPP personnel	AM snacks – pasta or sandwich with coffee				
and PhilHealth personnel	PM snacks – pasta or sandwich with juice				
1043	Lunch – Rice, Meat (pork, chicken or beef), fish,				
	vegetable, dessert and juice and bottled water				

- 3. Submit accurate billing statement upon delivery of goods and
- 4. Submission of accurate delivery receipt as proof of delivery.
- 5. Issue Official Receipt upon payment.

## **VII. Other provisions**

None

Prepared by:	Recommended by:		
ABRAHAM A. BALLARES CSIO/LHIO Head	<b>JOSEPHINE Q. QUITON, DBA</b> Division Chief IV-FOD		
	Approved by:	v	
	DENNIS B. ADRE	PHILIPPINE HEALTH INSURANCE CORPORATIO. PRO 1-Dagupan City	
	Regional Vicé President, PRO1	Received by:	