



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office VI Gaisano City Capital - Iloilo, Luna St., La Paz, Iloilo City records.pro6@philhealth.gov.ph Www.philhealth.gov.ph PhilHealth Region VI Xteamphilhealth

Date

REQUEST FOR QUOTATION

				Date:	May 20, 2025
•	Y.			PR No.	0259-2025
_	ny Name:		_		
Addres	SS:		-		
stating t than	quote your lowest price on the item/s listed below, sul he shortest time of delivery and submit your quotatio in the return envelope dul alan Local Health Insurance Office, JY Perez Highway	on duly sig	gned by you E D , attache	ur representative a	not later e submit to
					. G. SALAZA l Canvasser
NOTE:	ALL ENTRIES ARE ENCOURAGED TO BE TY	PEWRI	ITEN/ W		
	1. APPROVED BUDGET FOR THE CONTRACT (A	BC) IS Pl	1p 100,00	00.00	
	2. PRICE VALIDITY PERIOD: 90 CALENDAR D	<u> DAYS</u>			
	3. DELIVERY PERIOD: July 4, 11, 23 & 30, 202	25			
	4. TERMS OF PAYMENT: 30 DAYS				
	5. A. WARRANTY FOR SUPPLIES: N/A				
	B. WARRANTY FOR EQUIPMENT: $\underline{\mathbf{N}/\mathbf{A}}$				
	6. WE WITHHELD TAXES APPLICABLE TO ITEMS	S PURCH	ASED	T	ı
ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL AMOUNT
	One lot Meals for the Conduct of Members Forum 2025- Direct Contributor (Self- Earning Individuals)	1	LOT		
	July 4, 11, 23 & 30, 2025				
	AM Snacks				
	Pasta with bread and drinks (Packed)				
	Candoni	125	pax		
	Cauayan	125	pax		
	Ilog	125 125	pax		
	Hinoba-an	123	pax		
	- Nothing Follows -				
	Please See attached TOR	TOTAL		AL	
	Delivery Period:				
	•				
	Warranty:				
	Price Validity: 90 Calendar days				
	Terms of Payment:				
	having carefully read all the provisions/ conditions provided at prices noted above.	l above, I l	nereby comp	oly, accept and quote	you
				COMPANY	NAME
		Printed Name & Signature			
		Add			es es

