

## REQUEST FOR QUOTATION

### SVP RFQ NO 2025-067

PhilHealth Region III, through its Bids and Awards Committee intends to procure the following:

<b>Project Title</b>	CONDUCT OF IEC & ASSIGNMENT OF BENEFICIARIES TO A KPP OF CHOICE
<b>Approved Budget for the Contract</b>	Php329,966.00
<b>Mode of Procurement</b>	SMALL VALUE PROCUREMENT
<b>Deadline of Submission</b>	MAY 28, 2025

**GENERAL CONDITIONS:**

1. All entries must be typewritten or written legibly in print.
2. Price validity shall be for a period of **90 calendar days**
3. Mandatory Requirements:
  - a. 2025 Mayor's Permit or Business Permit
  - b. PhilGEPS' Proof of Registration or PhilGEPS Certificate
  - c. PhilHealth Certificate of Updated Contribution
  - d. DTI or SEC Registration Certificates (whichever is applicable)
  - e. BIR 2303 Registration Certificate
  - f. TAX Clearance Certificate
  - g. Omnibus Sworn Statement (if applicable)
  - h. Annual Income / Business Tax Return for ABC 500k
  - i. The completed form shall serve as your formal quotation. Please submit your proposal to PhilHealth Region 3, City of San Fernando(P) or through electronic mail at [macalino@philhealth.gov.ph](mailto:macalino@philhealth.gov.ph)

  
**ARNAIZ M. MACALINO**  
 Official Canvasser

Date: \_\_\_\_\_

After having carefully read and accepted the general conditions in your Request for Quotation, hereunder is our quotation valid until \_\_\_\_\_

Qty.	Unit	Item Description / Specification	Approved Budget for the Contract	Total Cost
1,372	Pack	CONDUCT OF IEC & ASSIGNMENT OF BENEFICIARIES TO A KPP OF CHOICE AM Snacks: cheeseburger Lunch: 2piece chicken with rice	Total Cost: P329,966.00	
		<b>**See attached technical specifications**</b>		

Company Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Name and Signature of Authorized Representative: \_\_\_\_\_  
 Contact Number of Authorized Representative: \_\_\_\_\_  
 Email Address: \_\_\_\_\_



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

PhilHealth Regional Office III

Local Health Insurance Office - Bataan

📍 Zabala Bldg., Primrose St., Dorla Francisca Subd., Balanga City, Bataan

☎ (047) 237-1921 🌐 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

📱 PhilHealthRegionIII 📧 [teamphilhealth](mailto:teamphilhealth)

### TECHNICAL SPECIFICATIONS

<b>TITLE OF THE PROJECT</b>	:	<b>CONDUCT IEC AND ASSIGNMENT OF BENEFICIARIES TO A KPP OF CHOICE</b>
<b>OBJECTIVES</b>	:	To find a supplier/caterer in the Province of Bataan that can deliver the required meals within the prescribed period.
<b>DETAILS</b>		
ACTIVITY	:	Conduct IEC and Assignment of Beneficiaries
to		a KPP of choice
DATE	:	Within 2 <sup>nd</sup> and 3 <sup>rd</sup> Quarter 2025
TIME	:	9:00AM to 4:00PM
VENUE	:	Within the Province of Bataan
FOOD	:	Meals – AM Snacks - cheeseburger Meals – Lunch – 2pc chicken with rice
TARGET PARTICIPANTS	:	Members & Accredited KPPs (10 batches)
BUDGET REQUIREMENT	:	Meals (1,372 pax @ Php 250.00 each)
TOTAL BUDGET	:	Php 343,000.00 (charge to MPE)
MODE OF PAYMENT	:	After each scheduled date of Activity (May, June, July, August, September, October)

Prepared by:

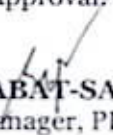
**EDMOND M. MANUEL**

Chief Social Insurance Officer, LHIO Bataan



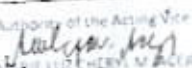
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Recommending Approval:

  
**ROWENA S. ZABAT-SAN MATEO, MD.**  
Acting Branch Manager, PRO III-A

Approved by:

**HENRY V. ALMANON**  
Acting Vice President, PRO III

By the Authority of the Acting Vice President:  
  
ANNA MARIE LUZ (HENRY V. ALMANON, M.D.)  
MPS TV / AQAS Head  
CIC for the CVP (Procurement)  
Date: \_\_\_\_\_

**TITLE OF THE PROJECT: CONDUCT IEC AND ASSIGNMENT OF  
BENEFICIARIES TO A KPP OF CHOICE**