

## REQUEST FOR QUOTATION


### SVP RFQ NO 2025-073

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

<b>Project Title</b>	CONDUCT OF BIHW ORIENTATION AND UPDATES
<b>Approved Budget for the Contract</b>	Php253,750.00
<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
350	Pack	CONDUCT OF BIHW ORIENTATION AND UPDATES AM Snacks: pasta with bread and drinks LUNCH: managed buffet lunch with 1 rice, 3 viands chicken/pork/vegetable, dessert and drinks PM Snacks: sandwich and drinks	Total Cost: P253,750.00	
		<b>**See attached technical specifications**</b>		

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

**TECHNICAL SPECIFICATIONS**  
**CONDUCT OF BHWs ORIENTATION AND UPDATES**  
**(Encompassing Direct & Indirect Contributors to POS)**  
*For Procurement of Meals*

**I. ACTIVITY:**

Conduct of BHW's Orientation and Updates (Encompassing Direct & Indirect Contributors to POS)

**II. OBJECTIVES:**

1. To find a supplier within the jurisdiction of LHIO Sta. Maria that will meet the meal requirements and specifications as stated in this letter.
2. To find a supplier compliant to the documentary requirements of procurement in government office.

**III. DETAILED SPECIFICATIONS:**

**Date/Schedule:** Within the month of May 2025

**Venue:** Within the area of LHIO Sta. Maria, Bulacan

**Meal Requirements:**

Particulars	Type	Remarks
AM Snack	Pasta with bread and drinks	For 350 pax
Lunch	Managed buffet lunch with 1 rice, 3 viands-chicken/pork/vegetable, dessert and drinks	
PM Snacks	Sandwich with drinks	

**IV. PARTICIPANTS:**

Participants of the activity will be as follows:

No	Particulars	# of Pax
1	PhilHealth Officers and Staff	10
2	BHW Participants	340
	<b>TOTAL:</b>	<b>350</b>



## **V. BUDGETARY REQUIREMENT**

<b>Particulars</b>	<b>No. of Pax</b>	<b>Budget per Pax (Php)</b>	<b>Total Amount (Php)</b>
-AM Snack (Pasta with bread and drinks) -Lunch (Managed buffet lunch with 1 rice, 3 viands-chicken/pork/vegetable, dessert and drinks -PM snacks (Sandwich with drinks)	350	750.00	262,500.00
<b>TOTAL:</b>			<b>P262,500.00</b>

Meals and other ancillary expenses for this activity, shall be chargeable against the COB CY 2025 under Marketing and Promotion Expense of PRO III-B –subject to the usual accounting and auditing rules and procedures.

## **VI. MODE OF PROCUREMENT**

Small value procurement.

## **VII. DELIVERY PERIOD:**

The delivery date shall be agreed upon by the supplier and the end-user.

## **VIII. PAYMENT TERM:**

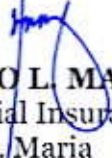
Payment of the meals shall be in Philippine Pesos and will be based on the agreed amount inclusive of VAT and payable within the fifteenth day (15<sup>th</sup>) day of the receipt of statement of account.

## **VI. EXPECTED OUTPUT**


At the end of this activity, the participants are expected to have:

1. An increased level of awareness on the Universal Health Care Law and its provisions;
2. Empowered the recipients from the process of registration and the availment of the Konsulta and other PhilHealth benefits;
3. Register all Filipinos as PhilHealth members and assign to a KonSulTa Provider of their choice as mandated by the UHC; and
4. Assist the Konsulta provider to provide instruction to the recipients on illness prevention, and encourage them to seek healthcare services by promoting disease prevention and early detection of illnesses by maximizing the Konsulta Package benefits.

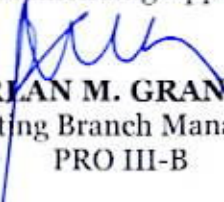
Prepared by:

  
**PLACIDO L. MALLARI, JR.**  
Chief Social Insurance Officer  
LHIO Sta. Maria


Certified Budget Available:

  
**LILIBETH P. POLINTAN**  
Budget Officer Designate  
Comptrollership Unit


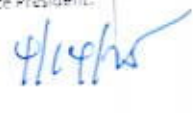
Recommending Approval:

  
**ARLAN M. GRANALI**  
Acting Branch Manager  
PRO III-B

Approved by:

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

By the Authority of the Acting Vice President:

  
LIZA D. MARIANO, MD  
MD VII, ACTING Chief, MEDMO  
DIC for the OVP (Production)  
Date:  4/14/25