



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

6<sup>th</sup> Floor, Trinidad Building, Yacapin-Corrales Sts., Cagayan de Oro City

Direct Lines: 710-473;7711-206

Email: admin.pro10@philhealth.gov.ph



Bawat Pilipino MIYEMBRO  
Bawat miyembro PROTEKTADO  
Kalusugan natin SEGUARADO

**ATTENTION : ALL SUPPLIERS**

The **Philhealth Regional Office X, Cagayan de Oro City**, through the General Services Unit, invites you to quote for the following:

*Catering Services*

The supplier must have passed the accreditation process of the General Services Unit or otherwise must present the following documents:

- a) Business / Mayor's Permit
- b) DTI or SEC Registration
- c) Tax Certificate for VAT / Non-VAT

The Philhealth Regional Office X reserves the right to accept or reject any quotation upon verification of the quality of the item according to prevailing market price.

  
**GLADYS A. ELTANAL**  
Administrative Officer III

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Philhealth Regional Office X

REQUEST FOR QUOTATION

OFFICE/SECTION/UNIT: \_\_\_\_\_

Control No.: \_\_\_\_\_

1708PR-661

1. All entries must be typewritten or written legibly in print
2. Except for custom-made items, delivery period shall be within \_\_\_\_\_ 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. Valid & Current Mayor's Permit/Municipal License
6. Recent BIR, DTI/SEC Registration Certificate and PhilHealth Certificate of Good Standing
7. PhilGEPS Registration Certificate
8. Tax Clearance
9. Others: \_\_\_\_\_ (eg. Swatches, sample materials, lay-out, etc.)

According to the General Conditions, please quote your lowest price on the item/s listed in the matrix below & the shortest time delivery. This has been posted in the G-EPS website from \_\_\_\_\_ to \_\_\_\_\_.

Submit/fax your quotation duly signed by your representative together with the above-mentioned requirements on item nos. 5 to 9 before the close of business hours on \_\_\_\_\_.

DENNIS A. LUMAPAS  
Official Canvasser

GLADYS A. ELTANAL  
Administrative Officer III

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

Philhealth Regional Office X

(Agency)

6th Floor, Trinidad Bldg.

Yacapin-Corrales Sts., Cag. De Oro

(Address)

ON:

Gladys A. Eltanal  
Administrative Officer III

Having carefully read and accepted your General Conditions, please refer to the price quotation we have on the space provided for:

UNIT	JOB DESCRIPTION	UNIT PRICE	TOTAL PRICE
pax	AM SNACKS		
pax	LUNCH		
pax	PM SNACKS		
	ACA Forum on September 14, 2017		
	xxxnothing followsxxx		

Delivery Period: \_\_\_\_\_

Warranty: \_\_\_\_\_

Items available until: \_\_\_\_\_

We warrant ourselves that the prices quoted above are the lowest we can offer and are applicable from \_\_\_\_\_ to \_\_\_\_\_.

Address: \_\_\_\_\_