



REQUEST FOR QUOTATION

Date: 13 May 2025


Reference: RFQ CO-25-012SVP

1. The **Philippine Institute of Traditional and Alternative Health Care (PITAHC)** through its **Bids and Awards Committee (BAC)** invites interested bidders to submit a quotation for the procurement of the item stated below with the total Approved Budget for the Contract (ABC) amounting to **ONE HUNDRED FIFTY-NINE THOUSAND THREE HUNDRED PESOS (PHP159,300.00) inclusive of all applicable taxes and other charges;**

2.

PITAHC 2025 APP Ref	PR Number	Item Description
5020201002	25-05-0080	PROCUREMENT OF PACKED MEALS FOR THE CONDUCT OF QUARTERLY PERFORMANCE & BUDGET UTILIZATION REVIEW AND MANAGEMENT REVIEW AT PITAHC AUDIO-VISUAL CONFERENCE ROOM AND ZOOM CONFERENCE ON MAY 21-23, 2025, JULY 16-18, 2025, AND OCTOBER 22-24, 2025 <i>(See Terms and Conditions for detailed requirements)</i>

3. Procurement shall be conducted through Small Value Procurement under Section 53.9 - Negotiated Procurement as prescribed under Rule XVI- Alternative Methods of Procurement of the 2016 Revised Implementing Rules and Regulations (IRR) of Republic Act (R.A.) No. 9184, otherwise known as the *"Government Procurement Reform Act"*.
4. The quotation must be duly signed by the bidder and must be submitted to the BAC Secretariat, PITAHC Building, Matapang St., East Avenue Medical Center Compound, Barangay Central, Quezon City or sent thru fax at (02) 8376-3067 or email at bac@pitahc.gov.ph. The quotation shall be received until **19 May 2025, 10:00 AM.**
5. The bidder must **submit a copy** of the following documents, **together with the quotation**, to ensure that the said bidder is technically, legally, and financially capable to undertake the proposed project:
 - a. Valid and current Mayor's/Business Permit 2024/2025
 - b. Notarized Omnibus Sworn Statement by the prospective bidder in the new prescribed form as per GPPB Resolution No. 16-2020, attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable
 - c. PHILGEPS Registration Number *(to be indicated in the Price Quotation Form)*
6. PITAHC reserves the right to waive any formality in the responses to the eligibility requirements and to this invitation. PITAHC further reserves the right to reject all quotations, or declare a failure of small value procurement, or not award the contract, and makes no assurance that the contract shall be entered into as a result of this invitation without thereby incurring any liability to the affected bidder or bidders in accordance with R.A. No. 9184 and its Implementing Rules and Regulations.
7. For any clarification, you may contact Mr. **Rodelio D. Mendez Jr.** at telephone no. (02) 8282-5194 loc 303.


ATTY. KEENTH N. ALMEÑE
Chairperson, PITAHC BAC



OTHER TERMS AND CONDITIONS

1. Bidders shall provide the **correct and accurate information** required in this form.
2. Delivery Term: **May 21-23, 2025, July 16-18, 2025, October 22-24, 2025**
3. Place of Delivery: **PITAHC Building Central Office, Brgy. Central, Quezon City**
4. Terms of Payment : **within 30 days upon completion of receipt of invoice/billing of each activity per quarter**
5. Price quotation must be valid for a period of **thirty (30) calendar days** from the date of submission.
6. Price quotation to be denominated in **Philippine Peso (PhP)**, include all taxes and duties and/or levies payable.
7. Quotations exceeding the ABC shall be automatically rejected.
8. In addition to the submission of the Price Quotation Form, **bidder shall submit a Certificate of Satisfactory Completion/Performance for those who have previous contracts with PITAHC one (1) year from the deadline of submission of quotation, if applicable.**
9. The **award of contract** shall be made to the single or lowest calculated and responsive quotation, which complied with the minimum technical specifications and other terms and conditions stated herein.
10. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or any of his/her duly authorized representative/s.
11. Liquidated damages equivalent to one tenth of one percent (0.001%) of the value of the goods/services not delivered within the prescribed delivery period shall be imposed per day of delay. PITAHC shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open.



PRICE QUOTATION FORM

Date: _____

The Bids and Awards Committee

PITAHC Building, Matapang Street, East Avenue Medical Center Compound,
Barangay Central Quezon City

Sir/Madam:

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation for the item as follows:

Item Description	Total Price (Exclusive of all costs, applicable taxes, and service charges:)	Total Price (Inclusive of all costs, applicable taxes, and service charges)
PROCUREMENT OF PACKED MEALS FOR THE CONDUCT OF QUARTERLY PERFORMANCE & BUDGET UTILIZATION REVIEW AND MANAGEMENT REVIEW AT PITAHC AUDIO-VISUAL CONFERENCE ROOM AND ZOOM CONFERENCE ON MAY 21-23, 2025, JULY 16-18, 2025, AND OCTOBER 22-24, 2025		

Total Amount in Words: LOT 1 _____

The above-quoted price is inclusive of **all costs** and applicable taxes.

Very truly yours,

Signature : _____

Printed Name : _____

Date : _____

Company Name : _____

Contact Number : _____

PHILGEPS Registration Number: _____



TECHNICAL SPECIFICATIONS

Technical Specifications	Compliance to Technical Specifications (Check the corresponding box)		
	Compliant	Non-Compliant	Remarks: (Counter Specs Offer)
PROCUREMENT OF PACKED MEALS FOR THE CONDUCT OF QUARTERLY PERFORMANCE & BUDGET UTILIZATION REVIEW AND MANAGEMENT REVIEW AT PITAHC AUDIO-VISUAL CONFERENCE ROOM AND ZOOM CONFERENCE ON MAY 21-23, 2025, JULY 16-18, 2025, AND OCTOBER 22-24, 2025	Yes ()	No ()	
SCOPE OF WORK/SERVICES:			
2ND QUARTER PBUR & MANAGEMENT REVIEW	Yes ()	No ()	
DELIVERY SCHEDULE: MAY 21-23, 2025	Yes ()	No ()	
30 PAX PER DAY X 3 DAYS = 90 PAX	Yes ()	No ()	
3RD QUARTER PBUR & MANAGEMENT REVIEW	Yes ()	No ()	
DELIVERY SCHEDULE: JULY 16-18, 2025	Yes ()	No ()	
30 PAX PER DAY X 3 DAYS = 90 PAX	Yes ()	No ()	
4TH QUARTER PBUR & MANAGEMENT REVIEW	Yes ()	No ()	
DELIVERY SCHEDULE: OCTOBER 22-24, 2025	Yes ()	No ()	
30 PAX PER DAY X 3 DAYS = 90 PAX	Yes ()	No ()	
MORNING AND AFTERNOON SNACKS INCLUSIVE OF THE FOLLOWING:			
1.) ICED TEA, SODA, OR FRUIT JUICE (ONE ROUND);	Yes ()	No ()	
2.) ONE (1) SERVING OF LIGHT MEAL (PREFERRED SANDWICHES OR PASTA WITH NO REPEAT ORDER/TYPE)	Yes ()	No ()	
'LUNCH PACKED MEAL INCLUSIVE OF THE FOLLOWING:			
1.) ICED TEA, SODA, OR FRUIT JUICE (ONE ROUND);	Yes ()	No ()	
2.) TWO (2) KINDS OF MAIN COURSE (I.E. PORK/FISH/CHICKEN);	Yes ()	No ()	



Republic of the Philippines
DEPARTMENT OF HEALTH
*Philippine Institute of Traditional and
Alternative Health Care*



3.) ONE (1) SERVING OF RICE;	Yes ()	No ()	
4.) ONE (1) VEGETABLES DISH; AND	Yes ()	No ()	
5.) ONE (1) DESSERT (I.E. FRUITS)	Yes ()	No ()	
FOOD MUST BE DELIVERED EACH MEAL SCHEDULE:			
AM SNACKS: 9:00 AM	Yes ()	No ()	
LUNCH: 11:00 AM	Yes ()	No ()	
PM SNACKS: 2:30 PM	Yes ()	No ()	
OTHER INCLUSIONS:			
MUST HAVE A FREE FLOWING OF COFFEE	Yes ()	No ()	
TABLE NAPKINS AND DISPOSABLE UTENSILS MUST BE PROVIDED	Yes ()	No ()	
MENU PROPOSAL TO BE SUBMITTED FOR MSD'S APPROVAL	Yes ()	No ()	
Delivery Term:			
2ND QUARTER PBUR & MANAGEMENT REVIEW May 21-23, 2025,	Yes ()	No ()	
3RD QUARTER PBUR & MANAGEMENT REVIEW July 16-18, 2025,	Yes ()	No ()	
4TH QUARTER PBUR & MANAGEMENT REVIEW October 22-24, 2025	Yes ()	No ()	
Place of Delivery: PITAHC Building Central Office, Brgy. Central, Quezon City	Yes ()	No ()	
Terms of Payment: within 30 days upon completion of receipt of invoice/billing of each activity per quarter	Yes ()	No ()	
Bidder shall submit a Certificate of Satisfactory Performance/Completion for those who have previous contracts with PITAHC one (1) year from the deadline of submission of quotation, if applicable	Yes ()	No ()	

Conforme:

Name and signature of the
Authorized Representative

Name of Company

Date