## Republic of the Philippines Department of Labor and Employment OVERSEAS WORKER WELFARE ADMINISTRATION

Lynjun Alegre-Sardido BESJC Bldg., Candelaria Street, Ecoland II, Davao City Tel no. 227-9536 Fax no. 221-8593

\*\*REQUEST OF PRICE QUOTATION\*\*

		REQUEST OF TRIOL QUOTATION		
			Date	
			24-00378	
Sir:		Date:	09-Dec-24	
Please duplicate c	opies and er	owest net price(s), taxes included on the item(s) hereunder listed and aclosed in a sealed envelope marked "Proposal for Supplly and Delive Velfare Administration at Door 31 E-G GB Cam Bldg., Monteverde St.,	ry of Various Iter	
ANNE A. ALBAN Supply Officer			ARLENE N. SAPASAP Officer-In-Charge	
Quantity	Unit	Articles	Unit Price	Total
300	can	fruit cocktail, 825/836g		
300	pack	Macaroni elbow, 1 kg		
300	pouch	All Purpose Cream, 250 ml		
300	pouch	Mayonnaise, 400-470ml		
300	box	cheese, 160 g		
300	pack	Raisins, 200g		
		ABC: Php 225,000.00		
		Note:		
		* Kindly include promo pack offer		
		* please write brand name of product		
		We are looking for product from reputable brand with a reasonable		
		price.		
			-	
			-	
			+	
		Pamaskong Handog sa OFWs 2024 (Christmas giveawa		
		rumuonong manaog oa or mo 2021 (omnotinao giroama		
NOTE:	1 -1 "			
		Certificate and Mayor's/Business Permit.		
		non-discrimanatory selection criteria as tie-breaking method in case of tw declared as the lowest Calculated and Responsive Bidder (LCRB) in accor		
	ar No. 06-200		durice with	
3. Based on	the above re	quirement/s all price quote/submitted shall be considered final and unalte	erable and	
VAT inclusive.	10			
		ubmitted without signature of the Authorized signatory shall not be accepted las bids submitted beyond the scheduled deadline shall not be conside		
		he right to accept or reject any bid, to annul the bidding process, and to r		
time prior t	o contract av	vard, without thereby incurring any liability to the affected bidder or bidd	ers.	
DELIVERY ·	15-30 days			
DELIVERY: 15-30 days TERMS OF PAYMENT: Government Terms			(Name of Supplier	
Price Validity: 30 - 120 Days			(Signature of Owner/Manager)	
			(Print I	vame)

(Contact Number) (Date)