



Republic of the Philippines  
 Department of Migrant Workers  
**OVERSEAS WORKERS WELFARE ADMINISTRATION**  
 Regional Welfare Office VI  
 3F, Robinsons Place Iloilo, Corner De Leon & Quezon Sts., Iloilo City  
 Telephone No. (033) 509-1075 TeleFax No. (033) 337-4484

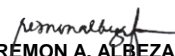


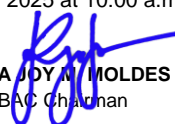
P.R. No.: 2025-169A  
 Date: March 5, 2025

**REQUEST FOR PRICE QUOTATION**

Sir/Madam:

Please quote your lowest net price/s, **taxes included**, on the item/s hereunder listed and submit your quotation, using your company letterhead thru fax or email and/or enclosed in a sealed envelope marked "Request for Quotation for the **"Function Package"** addressed to Overseas Workers Welfare Administration, 3rd Floor, Robinsons Place Iloilo, Corner De Leon and Quezon Sts., Iloilo City on or before March 18, 2025 at 10:00 a.m.

  
**REMON A. ALBEZA**  
 BAC Secretariat

  
**RIZZA JOY M. MOLDES**  
 BAC Chairman

DEALER'S/SUPPLIER'S OFFER					
ITEM NO.	QTY	UNIT	SPECIFICATIONS	UNIT COST	TOTAL
				Unit Price (vat inclusive)	
1	50	pax	<b>FUNCTION PACKAGE</b>		
			<b>Date: March 29-30, 2025</b>		
			<i>Venue: Negros Occidental</i>		
			<i>Time: 8AM-5PM</i>		
			<b>Inclusions:</b>		
			<b>A. Function Room</b>		
			-Airconditioned		
			-Use of at least 8 hours		
			<b>B. Seminar Equipment</b>		
			-Projector Screen		
			-Sound System		
			-Rostrum		
			-Philippine Flag		
			<b>C. Tables and Chairs for the Participants and Secretariat</b>		
			<b>D. Room Accommodation</b>		
2	2	room	- Matrimonial		
3	4	room	- Family Room (4 pax)		
4	6	room	- Family Room (6 pax)		
			<b>ABC: Php90,000.00</b>		
			<b>Additional Documentary Requirements:</b>		
			1. Mayor's/ Business Permit		
			2. Income/ Business Tax Return		
<b>GRAND TOTAL</b>					
Amount in Words:					

DELIVERY:  
 TERMS OF PAYMENT  
 PRICE VALIDITY

\_\_\_\_\_  
 (Name of Supplier)

\_\_\_\_\_  
 (Signature of Owner/Manager)

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Contact Number)

\_\_\_\_\_  
 (Date)