



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.: **2025-169B**  
 Date: **March 5, 2025**

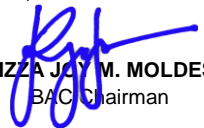
**REQUEST FOR PRICE QUOTATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 **"MEALS"** 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 JAY 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>MEALS</b>		
			Date: March 29-30, 2025		
			Venue: Negros Occidental		
			Time: 8AM-5PM		
			Inclusions:		
			<b>Day 1 - 29 March 2025</b>		
			- Lunch (Assisted Buffet)		
			- Dinner (Assisted Buffet)		
			<b>Day 2 - 30 March 2025</b>		
			- Breakfast (Assisted Buffet)		
			- Lunch (Assisted Buffet)		
			<b>ABC: Php 30,000.00</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)