



Republic of the Philippines
OVERSEAS WORKERS WELFARE ADMINISTRATION
REGIONAL WELFARE OFFICE IV-B (MIMAROPA)
 Unit 8-C, 8th Floor, Marc 2000 Tower, 1973 Taft Ave. cor. San Andres St., Malate, Manila 1004
 Tel# 8353-9016

P.R. No. 2025-03-0031
 DATE: March 5, 2025

REQUEST FOR QUOTATION / PROPOSAL

COMPANY NAME:
ADDRESS OF COMPANY:

To whom it may concern:

Please quote your lowest price/s (taxes included) on the lot or item/s below, subject to the General Conditions indicated herein, stating the shortest time of delivery and submit your quotation using your company letterhead or this form duly signed by your official representative to Overseas Workers Welfare Administration, Regional Welfare Office IV-B (MIMAROPA) 8th flr, Marc 2000 Towers, Malate Manila not later than **11 March 2025 @ 5:00 p.m.**

Lourisse V. Dulfo
Lourisse V. Dulfo
 Supply Officer

Gerald M. Tan
GERALD "BINDI" M. TAN
 Regional Director

| PROJECT TITLE/NAME: Proposal for the workshop kit to be used by participants during the Strategic Planning session on March 27-29, 2025. | | | | | DEALER'S/SUPPLIER'S OFFER | |
|--|--|-----|-------|------------------------------------|---------------------------|----------------------------|
| ITEM NO. | SPECIFICATIONS | QTY | UNIT | APPROVED BUDGET FOR CONTRACT (ABC) | UNIT COST (Vat inclusive) | TOTAL COST (Vat inclusive) |
| | WORKSHOP KIT | | | ₱ 16,800.00 | | |
| 1 | Customized Note Book with Pen (with Print of New OWWA Logo and first name of participants) | 21 | SET | | | |
| 2 | Tote Bag made with Abaca (with Print of New OWWA Logo) | 21 | PIECE | | | |
| 3 | Plastic Cellphone Stand (with Print of New OWWA Logo) | 21 | PIECE | | | |
| Additional Documentary Requirements must be submitted upon submission of offer: | | | | | | |
| 1. PhilGEPS Certificate or PhilGEPS Registration Number | | | | | | |
| 2. Valid Mayor's / Business Permit | | | | | | |
| 3. Income/Business Tax Return (latest) | | | | | | |
| 4. BIR Registration | | | | | | |
| Please take note that the Omnibus Sworn Statement shall be submitted within 5 days upon acceptance of Notice of Award. | | | | | | |
| Note: Bidders may also submit their bid proposal and supporting documents through email address: region4b@owwa.gov.ph | | | | | | |
| GENERAL CONDITIONS | | | | | | |
| 1. Entries must be typewritten / if handwritten, it must be clear and legible; | | | | | | |
| 2. Bidders must submit certificate of PHILGEPS Registration; | | | | | | |
| 3. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.); | | | | | | |
| 4. All quotation can be submitted through the following means: a) in a SEALED ENVELOPE , or b) thru ELECTRONIC MAIL , or c) FACSIMILE . Label the envelope with the following: Bidder's Company Name PHILGEPS Reference No. Project Title/Name PR No. | | | | | | |
| 5. Item/s delivered must have warranties for unit replacements, parts, labor or other services; | | | | | | |
| 6. Quoted prices must be inclusive of taxes and shall not exceed the Approved Budget for the Contract (ABC); | | | | | | |
| 7. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted; | | | | | | |
| 8. Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered; | | | | | | |
| 9. Price quoted/ submitted on the deadline shall be considered as final and unalterable; | | | | | | |
| 10. Use of non-discretionary/non-discriminatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the Lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005; | | | | | | |
| 11. The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders. | | | | | | |

DELIVERY: Goods must be delivered on before March 21, 2025

TERMS OF PAYMENT: shall process the payment after the activity and delivery of all requirements

PRICE VALIDITY: 60 days from date of quotation/proposal

Company Name

Print Name and Signature of Authorized Representative

Designation

Company Tel./Fax/Mobile No.

Date