## Republic of the Philippines Department of Migrant Workers OVERSEAS WORKERS WELFARE ADMINISTRATION Regional Welfare Office IX Zamboanga City

|            | REQUEST FOR PRICE QUOTATION |       |
|------------|-----------------------------|-------|
|            |                             |       |
|            |                             | Date: |
| Sir/Madam: |                             |       |

Please quote your lowest price/s, taxes included on the item/s hereunder listed, subject to the General conditions indicated herein, stating the shortest time of delivery and submit your quotation enclosed in a sealed envelop marked "PROPOSAL TO SUPPLY" using your company letterhead or this form duly signed by your official representative to the Regional Welfare Office IX, 3/F Goodwill Bldg., Mayor Jaldon Street, Canelar, Zamboanga City not later than \_\_\_on \_\_\_\_\_2025 at which time all sealed proposal will be opened.

FOSALITO J. SULTAN
HEAD OF PROCURING AGENCY

| QUANTITY | UNIT | PARTICULARS  | Amount |
|----------|------|--|--------|
| 5        | PC   | BASIC CALCULATOR   |        |
| 5        | PC   | PUNCHER (HEAVY DUTY)   |        |
| 10       | PC   | STAPLER (ORDINARY WITH STAPLER REMOVER)  |        |
| 5        | PC   | STAPLER (HEAVY DUTY)   |        |
| 5        | PC   | STAPLER REMOVER  |        |
| 5        | PC   | UPS, 650 VA  |        |
| 12       | PC   | HEADSET, WITH MICROPHONE   |        |
| 5        | PC   | MOUSEPAD   |        |
| 5        | PC   | KEYBOARD   |        |
| 5        | PC   | HIKVISION DS-U02 WEBCAM 1080P 2MP CMOS   |        |
| 8        | PC   | FLASHDRIVE, 16GB   |        |
|          |      | *NOTHING FOLLOWS*  |        |
|          |      | Approved budget for the Contract Php 40,000  |        |
|          |      | Terms and Conditions:  |        |
|          |      | 1. Entries must be encoded/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, etc.)  |        |
|          |      | 4. All quotations can be submitted through the following means: a) in a SEALED ENVELOPE, or b) thru ELECTRONIC MAIL. Label the envelope with the following;  |        |
|          |      | Bidder's Company Name  |        |
|          |      | PhilGEPS Reference Number  |        |
|          |      | Project Title/Name   |        |
|          |      | 5. Quoted prices must be inclusive of taxes and shall not exceed the ABC;  |        |
|          |      | 6. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted;   |        |
|          |      | 7. Proposal/Quotation submitted beyond the deadline shall not be considered;   |        |
|          |      | 8. Price quoted/submitted on the deadline shall be considered as final and unalterable;  |        |
|          |      | 9. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted;   |        |
|          |      | 10. Proposal/Quotation submitted beyond the scheduled deadline shall not be considered;  |        |
|          |      | 11. 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 the GPPB Circular No. 06-2005; |        |
|          |      | 12. 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.                                 |        |
|          |      | Note: Bidders may also submit their bid proposal and supporting documents through email address: region9@owwa.gov.ph   |        |
|          |      | Terms of Payment: Government Terms   |        |
|          |      | Delivery Period: 1-5 Calendar days upon PO/NTP   |        |
|          |      | ** Nothing Follows**   |        |
|          |      | Terms of Payment: Government Terms   |        |
|          |      | TOTHIS OF LAYINGIR. OUVCHINGIR TOTHIS  |        |

| Complete Address                                  |                        |  |  |  |
|---|------------------------|--|--|--|
| Tin number  | ( ) VAT OR ( ) NON-VAT |  |  |  |
| Telephone No./Fax                                 |                        |  |  |  |
| Printed Name of Manager/                          |                        |  |  |  |
| Printed Name of Manager/Authorized representative |                        |  |  |  |
| Signature of Manager/Authorized representative    |                        |  |  |  |