Republic of the Philippines OVERSEAS WORKERS WELFARE ADMINISTRATION-Regional Welfare Office VIII Trece Martires St., Tacloban City Tel# 888-3374/ 832-1945

> P.R. No.: **2025-05-069** DATE: **<u>9-May-25</u>**

## **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, DOLE Compound Trece Martires St., Tacloban City not later than (DATE)

KATRINA D. BEJERA Supply Officer

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JENELYN	P. GACUS
BAC, Ch	airperson

PROJECT TITLE/NAME: For the conduct of FLS-VRS in St. Bernard, Southern						DEALER'S/SUPPLIER'S OFFER	
ITEM NO.	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT (ABC) OR BUDGET PER LINE ITEM	UNIT COST (Vat inclusive)	TOTAL COST (Vat inclusive)	
1	June 18-20, 2025	168	рах	₽75,600.00			
	Meals & Snacks						
	*AM Snacks						
	*Lunch						
	*PM Snacks						
	(Rice, 3 Viands,1 Vegetable, Dessert,						
	1 Round of Beverage and Water)						
	Inclusions:						
	*Buffet Set-up						
	*Tables & Chairs Set-up						
PR 5. Item/s deli 6. Quoted pr 7. Proposal/0 8. Proposal/0 9. Price quot 10. Use of no Responsive B	oject Title/Name R No. ivered must have warranties for unit replacements, parts, labor or other service ices must be inclusive of taxes and shall not exceed the Approved Budget for Quotation submitted without signature of the authorized signatory shall not be Bid modifications submitted beyond the scheduled deadline shall not be consis ted/ submitted on the deadline shall be considered as final and unalterable; n-discretionary/non-discriminatory selection criteria as tie-breaking method in Sidder (LCRB) in accordance with GPPB Circular No. 06-2005; NA reserves the right to accept or reject any bid, to annul the bidding process er or bidders.	the Contract (A accepted; dered; case of two or	more bidde				
allected blud		(XXXXXXXXXXXX)	****	****			
	DELIVERY:						
	TERMS OF PAYMENT:						
	PRICE VALIDITY:						
				Company Name			
				Print Name and Sigr	nature of Authorize	d Representative	
					Designation		
				Company Tel./Fax/Mobile No.			

Date