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.: 2025-05-066

					DATE:	9-May-25
	REQUEST FOR QUO	OTATION / P	ROPOSAL	-		
COMPANY	NAME:					
ADDRESS (DF COMPANY:					
To whom it r	nay concern:					
	quote your lowest price/s (taxes included) on the lot or item/s below, s	ubiect to the	General C	onditions indicated here	in, stating the short	est time of delivery
and submit	your quotation using your company letterhead or this form duly signed					
Compound	Frece Martines St., Tacloban City not later than (DATE)					
	KATRINA D. OBEJERA			JENELY	N.P. GACUS	
_	Supply Officer			BAC, C	Chairperson	
DDO IFOT T	ITLE/NAME: For the conduct of OFC Confere	nco 20	26 wit	h the OEW		
	Circle Leaders	ilice zu	20 WIL	ii tile Oi w	DEALER'S/SUP	PLIER'S OFFER
anny	l Leavers	1		•		Ī
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	May 29, 2025- DAY 1	100	pax	₱350,000.00		
	Meals & Snacks					
	*Breakfast	1				
	*AM Snacks					
	*Lunch					
	*PM Snacks					
	*Dinner					
	(Rice, 3 Viands,1 Vegetable, Dessert,					
	1 Round of Beverage and Water)					
	A					
	Accommodation					
	Note: Free Breakfast for May 30, 2025					
	May 30, 2025- DAY 2					
	Meals & Snacks					
	*AM Snacks					
	*Lunch					
	*PM Snacks					
	(Rice, 3 Viands,1 Vegetable, Dessert, 1 Round of Beverage and Water)					
	Amenities:					
	*Free Pool Access			1		
	*Free Wi-Fi					
	*Free use of venue and basic sound system					
	*Free flowing coffee					
2. Bidders m 3. Bidders m 4. All quotatic Pi- Pre 5. Item/s deli 6. Quoted pri 7. Proposal/6 8. Proposal/6 9. Price quot 10. Use of no Responsive B	ist be typewritten / if handwritten, it must be clear and legible; ust submit certificate of PHILGEPS Registration; ust submit necessary business permits (SEC, LGU, DTI, CDA, etc.); on can be submitted through the following means: a) in a SEALED ENVELOP! dider's Company Name ill LGEPS Reference No. eject Title/Name No. vered must have warranties for unit replacements, parts, labor or other service ces must be inclusive of taxes and shall not exceed the Approved Budget for the Quotation submitted without signature of the authorized signatory shall not be a slid modifications submitted beyond the scheduled deadline shall not be consided submitted on the deadline shall be considered as final and unalterable; n-discretionary/non-discriminatory selection criteria as tie-breaking method in coidder (LCRB) in accordance with GPPB Circular No. 06-2005; A reserves the right to accept or reject any bid, to annul the bidding process,	s; ne Contract (A ccepted; ered; ase of two or and to reject a	ABC); more bidder at any time p	s determined and declared	d as the Lowest Calcu	lated and

affected bidder or bidders.						
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx						
DELIVERY:						
TERMS OF PAYMENT:	_					
PRICE VALIDITY:	-					
	Common Name					
	Company Name					
	Print Name and Signature of Authorized Representative					
	Designation					
	Designation					
	Company Tel./Fax/Mobile No.					
	Date					