



Republic of the Philippines
Department of Migrant Workers
OVERSEAS WORKERS WELFARE ADMINISTRATION
Cordillera Administrative Region



Hotline: 09175001294 / 09999949296

Email add: car@owwa.gov.ph

REQUEST FOR PRICE QUOTATION

RFQ: 01-0217

Gentlemen:

Please quote your lowest net prices, taxes included, on the items mentioned and submit your quotation to the Overseas Workers Welfare Administration, 2nd Floor Gestdan Centrum 80 Bokawkan Road, Corner P. Burgos, Baguio City not later than _____ at which time all submitted sealed proposals shall be opened.

We reserve the right to reject any or all bids.

Very truly yours,

PHILGEPS REFERENCE NUMBER: 11650415

ABC: PHP 150, 000.00

LUZVIMINDA C. TUMALIUAN

OWWO IV/PSD

DATE:

ITEM QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE
		PROCUREMENT OF SNACKS AND MEALS FOR PARTICIPANTS OF INFO CARAVAN ON REINTEGRATION - TRADE FAIR AND BAZAAR ON JANUARY 18-19, 2025	
		PACKED LUNCH AND AM - PM SNACKS FOR 2 DAYS (JAN 18-19, 2025)	
		JANUARY 18	
100	PACKS	AM SNACKS: PANSIT WITH BIKO AND BOTTLED JUICE	
100	PACKS	LUNCH: RICE, BEEF, CHICKEN, VEGETABLE, DESSERT, RICE	
100	PACKS	PM SNACKS: HAMBURGER AND FRIES WITH BOTTLED JUICE	
		JANUARY 19	
100	PACKS	AM SNACKS: PIZZA SLICES WITH BOTTLED JUICE	
100	PACKS	LUNCH: RICE, PORK, FISH, VEGETABLE, SOUP, DESSERT, RICE	
100	PACKS	PM SNACKS: PASTA WITH BREAD WITH BOTTLED JUICE	
		NOTHING FOLLOWS	

1. Supplier must be **PHILGEPS** registered,

2. Price quotation shall be firm, irrevocable and **not subject to any change**

3. Delivery term: Within maximum of **3-5 working days** upon receipt of Purchase Order and NTP

4. Supplier should warrant that all items are in **accordance with the specifications**. If any of the items do not meet the specifications, a replacement (of same / concordance with the quality) is necessary within 2 days.

5. Check payment will be released within **5 days upon completion of delivery of all items**, and after inspection of the BAC and Inspection committee.

******Bid price must be inclusive of taxes**

Name of Store:

Address:

Contact Number:

Check Payable to:

Received by:

Name and Signature

TIN Number:

☐ VAT

☐ NON-VAT

Canvassed by: