



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: 02-0267

Gentlemen:

Please quote your lowest net prices, taxes included, on the items mentioned and submit your quotation to the Overseas Workers Welfare Administration, 2<sup>nd</sup> 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.

**PHILGEPS REFERENCE NUMBER: 11790679**  
**ABC: PHP 54,000.00**

Very truly yours,

*Loures I. Estocapio*  
**LOURDES I. ESTOCAPIO**  
OWWO III/OIC-PSD  
DATE:

| ITEM QTY | UNIT | ITEM DESCRIPTION                                                 | UNIT PRICE |
|----------|------|------------------------------------------------------------------|------------|
|          |      | <b>PROCUREMENT OF WINDOW BLINDS FOR OWWA APAYAO FIELD OFFICE</b> |            |
| 6        | SET  | WINDOW BLINDS 8X3.5 FT<br>**WITH INSTALLATION**                  |            |
| 2        | SET  | WINDOW BLINDS<br>2 M X .7 M<br>**WITH INSTALLATION**             |            |
|          |      | <b>***NOTHING FOLLOWS***</b>                                     |            |

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: \_\_\_\_\_

|                                                                                                                                                                                                                                     |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 2. Price quotation shall be firm, irrevocable and <b>not subject to any change</b>                                                                                                                                                  |                                  |
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| <b>****Bid price must be inclusive of taxes</b>                                                                                                                                                                                     |                                  |
| Name of Store:                                                                                                                                                                                                                      |                                  |
| Address:                                                                                                                                                                                                                            |                                  |
| Contact Number:                                                                                                                                                                                                                     |                                  |
| Check Payable to:                                                                                                                                                                                                                   |                                  |
| Received by:                                                                                                                                                                                                                        |                                  |
|                                                                                                                                                                                                                                     | <i>Name and Signature</i>        |
| TIN Number:                                                                                                                                                                                                                         |                                  |
| <input type="checkbox"/> VAT                                                                                                                                                                                                        | <input type="checkbox"/> NON-VAT |
| Canvassed by:                                                                                                                                                                                                                       |                                  |