



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: 02-0259

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: 11757799

ABC: PHP 97,800.00

LUZVIMINDA C. TUMALIUAN

OWWO V/PSD

DATE: _____

ITEM QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE
		PURCHASE OF MEALS FOR EEDT TRAINING FOR EDLP PARTICIPANTS	
46	PACKS	AM SNACKS (LUNCH, AM AND PM SNACKS)	
		AM SNACK: (PASTA WITH TOAST AND BOTTLED JUICE)	
		LUNCH: (BEEF STEAK, SWEET AND SOUR FISH, PORK SINIGANG, RICE, ANY FRUIT IN SEASON FOR DESSERT)	
		PM SNACK: (FRESH LUMPIA WITH BUKO JUICE)	
1		VENUE / HALL: (OVERFLOWING COFFEE AND WATER)	
		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: _____

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