

Department of Migrant Workers OVERSEAR WORKERS WELFARE ADMINISTRATION Regional Welfare Office 7



**REQUEST FOR QUOTATION** 

PR No. RW07-PR-25-01-002

COMPANY NAME:

ADDRESS:

To whom it may concern:

Please quote your lowest price/s **(tax included)** on the lot ot 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, Regional Welfare Office 7 at the Lower Ground Floor, Machay Building, Gorordo Ave., Cebu City, not later than \_\_\_\_\_\_\_.

DARLENDMAE P. GILLE Supply Officer PROJECT TITLE/NAME: RWO 7 MEDICAL RETAINER					DINEZA Z/GELLE BAC Chairperson	
1	Medical Retainer	1	lot			
	>Must be a licensed Medical Doctor					
	>Atleast 2 years of experience					
	>Minimum of 6 Hours per week duty					
	>Maximum of 6 months contract					
	xxxxx Nothing Follows xxxxx					
<ol> <li>2. Bidders must submit cer</li> <li>3. Bidders must submit ner</li> </ol>	ten / if handwritten, it must be clear and ligible; ttificate of PHILGEPS Registration; cessary business permits (SEC, LGU, DTI, CDA, etc.); seales envelop mark as follows:					
PHILGEPS Reference Project Title/Name PR No.						
	ave warranties for unit replacements, parts, labor, or other services; nclusive of taxes and shall nit exceed the Approved Budget for the Contract (ABC);					
<ol> <li>Proposal/Bid modification</li> <li>Use of non-discretiona and declared as the Low</li> </ol>	mitted without signature of the authorized signatory shall not be accepted; ons submitted beyond the scheduled deadline shall not be considered; ry/non-discriminatory selection criteria as tie-breaking method in case of two or more rest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06	-2005;				
	e right to accept or reject any bid, to annul the bidding process, and to reject at any t thereby incurring any liability to the affected bidder or bidders. DELIVERY:	ime prior to				

COMPANY NAME:	
CONTACT NO.:	

SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DATE