

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



REQUEST FOR QUOTATION

PR No. RWO7-PR-25-04-092

COMPANY NAME:							
ADDRESS:							
To whom it may con	cern:						
stating the shortest official representative	your lowest price/s (tax included) on the lot ot item/s below, stime of delivery and submit your quotation using your compar ye to Overseas Workers Welfare Administration, Regional Wel City, not later than	ny letterhead or this	form duly si	gned by your			
DARLEND MAE P. GILLE Supply Officer				DINEZA Z.) GELLE BAC, ¢hairperson			
PROJECT TITLE/NAME: Polo-Shirt for OWWA's 43rd Anniversary					DEALER/SUPPPLIERS OFFER		
ITEM NO.	SPECIFICATION	QТΥ	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)	
1	Polo-Shirt	69	piece				
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	Purpose: For RWO 7 Personnel						
	TO RWO 7 T GISOTHE						
	xxxxx	Nothing Follows	xxxxx				
GENERAL CONDITIONS							
3. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.); 4. Place your proposal in a seales envelop mark as follows: Bidder's Company Name PHILGEPS Reference No. Project Title/Name PR No. 5. Item/s delivered must have warranties for unit replacements, parts, labor, or other services; 6. Quoted prices must be inclusive of taxes and shall nit exceed the Approved Budget for the Contract (ABC); 7. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted; 9. Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered; 10. Use of non-discretionary/non-discriminatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the Lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005; 11. The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.							
	DELIVERY:						
	TERMS OF PAYMENT :						
	PRICE VALIDITY:						
	COMPANY NAME:	_					
		_					
SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE							
	DATE						