

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



REQUEST FOR QUOTATION

PR No. RWO7-PR-25-04-093-A

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					DINEZA Z) GELLE BAC (hairperson	
PROJECT TITLE/NA	ME: T-SHIRT FOR ALAGA KAY NANAY BOSSING					
ITEM NO.	SPECIFICATION	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)
1	T-Shirt					
	>Small	20	piece			
	>Medium	20	piece			
	>Large	10	piece			
	xxxxx Nothing Follows xxxxxx					
 Bidders must submit cer Bidders must submit ner 	ten / if handwritten, it must be clear and ligible; tificate of PHILGEPS Registration; cessary business permits (SEC, LGU, DTI, CDA, etc.);					
 Place your proposal in a Bidder's Company N PHILGEPS Reference Project Title/Name PR No. 						
5. Item/s delivered must h	ave warranties for unit replacements, parts, labor, or other services; nclusive of taxes and shall nit exceed the Approved Budget for the Contract (ABC);					
 Proposal/Bid modification Use of non-discretiona and declared as the Low The OWWA reserves the 	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 vest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06 he 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.	-2005;				

DELIVERY: ______
TERMS OF PAYMENT : ______
PRICE VALIDITY: ______

COMPANY NAME:	
CONTACT NO.:	

SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DATE