

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



## **REQUEST FOR QUOTATION**

PR No. RWO7-PR-25-05-108

| COMPANY NAME:   |   |                 |                |   |                              |                               |
|---|---|-----------------|----------------|---|------------------------------|-------------------------------|
| ADDRESS:  |   |                 |                |   |                              |                               |
| To whom it may concern:   |   |                 |                |   |                              |                               |
| Please quote your lowest price/s (tax included) on the lot of 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  |   |                 |                |   |                              |                               |
| DARLEND MAE P. GILLE Supply Officer  DINEZIA ZI GELLE BAC, ¢hairperson  |   |                 |                |   |                              | <u>.E</u><br>n                |
| PROJECT TITLE/NAME: OFFICE SUPPLIES REPLENISHMENT FOR RWO 7   |   |                 |                |   | DEALER/SUPPPLIERS OFFER      |                               |
| ITEM NO.  | SPECIFICATION                                   | QTY             | UNIT           | APPROVED<br>BUDGET FOR<br>THE<br>CONTRACT | UNIT COST<br>(Vat Inclusive) | TOTAL COST<br>(Vat inclusive) |
| 1   | Bondaper (A4)                                   | 100             | ream           |   |                              |                               |
| 2   | Expanded Envelope - Long Brown                  | 1               | box            |   |                              |                               |
| 3   | Correction Tape                                 | 10              | box            |   |                              |                               |
| 5   | Expanded Folder - Long Brown                    | 100<br>30       | piece          |   |                              |                               |
| 6   | Correction Tape Refill Sticky Notes (Sign Here) | 20              | piece<br>piece |   |                              |                               |
| 7   | Sharpener (Small)                               | 10              | piece          |   |                              |                               |
|   |   |                 |                |   |                              |                               |
|   | XXXXX   | Nothing Follows | XXXXXX         |   |                              |                               |
| 1. Entries mut be typewritten / if handwritten, it must be clear and ligible; 2. Bidders must submit certificate of PHILGEPS Registration; 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:                                       |                 |                |   |                              |                               |
|   | PRICE VALIDITY:                                 |                 |                |   |                              |                               |
|   | PRICE VALIDITY:                                 |                 |                |   |                              |                               |
|   | COMPANY NAME:                                   | <b>-</b>        |                |   |                              |                               |
|   |   | _               |                |   |                              |                               |
| SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE  |   |                 |                |   |                              |                               |
|   | DATE  |                 |                |   |                              |                               |