

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



## **REQUEST FOR QUOTATION**

PR No. RWO7-PR-25-05-109

COMPANY NAME:						
ADDRESS:						
To whom it may con	ncern:					
stating the shortest official representation	your lowest price/s (tax included) on the lot ot item/s below, s time of delivery and submit your quotation using your compar ve to Overseas Workers Welfare Administration, Regional Welf City, not later than	ny letterhead or this	form duly si	igned by your		
DARLENDMAE P. ( Supply Officer	GILLE				DINEZA Z. GELI BAC (hairperso	<u>.E</u> n
PROJECT TITLE/NAM	ME: ENHANCED ENTREPRENEURSHIP DEVELOPMENT TRAININ	IG ON MAY 24, 2025	5			
ITEM NO.	SPECIFICATION	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)
1	Packed Meal with Drinks	25	pax			
	XXXXX	Nothing Follows	XXXXXX	1		
4. Place your proposal in a s Bidder's Company Ne PHILGEPS Reference Project Title/Name PR No.  5. Item/s delivered must ha 6. Quoted prices must be in 7. Proposal/Quotation subm 9. Proposal/did modification 10. Use of non-discretionary and declared as the Lowe 11. The OWWA reserves the		2005;				
	DELIVERY:					
	TERMS OF PAYMENT :					
	PRICE VALIDITY:					
	COMPANY NAME:	_				
	CONTACT NO.:	_				
		_				
		SIGNATURE O	VER PRINTI	ED NAME OF AU	JTHORIZED REPRI	ESENTATIVE
	DATE					