

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



## **REQUEST FOR QUOTATION**

PR No. RWO7-PR-25-05-110

COMPANY NAME:						
ADDRESS:						
To whom it may con	ncern:					
stating the shortest official representation	your lowest price/s <b>(tax included)</b> on the lot ot item/s below, s time of delivery and submit your quotation using your comparve to Overseas Workers Welfare Administration, Regional Welf City, not later than	ny letterhead or this f	orm duly si	igned by your		
DARLEND MAE P. GILLE Supply Officer					DINEZA ZÚ GELLE BAC, ¢hairperson	
PROJECT TITLE/NAM	ME: UP-ISSI FOCUS GROUP DISCUSSION OF BPBH BENEFICIAR	IES				
ITEM NO.	SPECIFICATION	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)
1	Snacks with Drinks	12	pax			
	xxxxx	Nothing Follows	CXXXXX			
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:	<u>-</u> -				
		SIGNATURE O	VER PRINTI	ED NAME OF AU	JTHORIZED REPRI	ESENTATIVE
				DATE		