

Republic of the Philippines Department of Migrant Workers

OVERSEAS WORKERS WELFARE ADMINISTRATION

Regional Welfare Office 10 Cagayan de Oro City



REQUEST FOR PRICE QUOTATION

The Overseas Workers Welfare Administration RWO-10, through its Bids and Awards Committee (BAC) invites Suppliers/Providers to quote your lowest price on the item/s listed below subject listed below subject to the the General Conditions as stated herewith, and submit your quotation duly signed by your representative not later later than ______

RHONA Z. FAHIGAL BAC Chairperson

Interested supplier/s is/are required to comply these General Conditions:

- 1 All entries must be Hand Written/Type Written
- 2 Delivery Period within Ten (10) Calendar Days
- 3 Price Validity shall be for a period of Thirty (30) Calendar Days
- 4 Price shall be inclusive of VAT
- 5 Warranty shall be for a period of Six (6) Months for Suppliers & Materials, One (1) Year for Equipment, from date of Acceptance by the Procuring Entity

UNIT	ITEM & DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
	HAIRCARE KIT			
Piece	Scissor	80		
Piece	Cape	80		
Piece	Hair Clip	320		
Piece	Hair Spray	80		
Piece	Powder	8		
Piece	Pompom Brush	80		
Piece	Salon Gloves	160		
Piece	Hair Colors	160		
Piece	Roll Tissue	80		
Piece	Rebonding Treatment	8		
Piece	Coloring Set	8		
Piece	Ear Cover	160		
Piece	Kit Box	80		
11000				
	NAILCARE KIT	80		
Piece	Nipper	80		
Piece	Pusher	80		
Piece	Manicure Brush	80		
Piece	Cuticle Remover	80		
Piece	Base Coat	80		
Piece	Top Coat	80		
Piece	Spray Bottle	80		
Piece	Nail Cutter (Small & Big)	80		
Piece	Manicure Towel	80		
Piece	Nail Polish	80		
Piece	Martiolet	80		
Piece	Nail and Foot File	80		
Piece	Aceton	80		
Piece	Cotton	80		
Piece	Kit Box	80		
	I STA METERS			
	Purpose: For the conduct of Skills Training in Nail	Care and Hair Care for OFW in	Cagayan De Oro City an	d Bukidnon Province.

	Approved Budget: ** Nothing Fo				
		OTAL QUOTATIONS IN F	IGURES		
above	After having carefully read and a	accepted your General Cor	nditions, I/We quote	you on the item at p	rices noted
Company	Name				
Address					
	/NON-VAT, pls. specify)				
•	No. & Mobile No.				
E-mail Address					
	d Representative				
Signature	•				
Olghaidi c	•				
		Canvassed by	:		

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