Republic of the Philippines
Department of Migrant Workers
OVERSEAS WORKERS WELFARE ADMINISTRATION
Regional Welfare Office - MIMAROPA

8th Floor - Marc 2000 Tower, 1973 Taft Avenue Corner San Andres, Malate, Manila
Tel. No.: (02) 8353-9016 | (02) 8353-8986 | Email: region4b@owwa.gov.ph

P.R. No.: 2025 - 05 - 0106
Date: MAY 2 0 2025

REQUEST FOR QUOTATION | PROPOSAL

COMPANY NAME: _____
COMPANY ADDRESS: _____

To whom it may concern:

Please quote your lowest price/s (taxes included) on the lot or 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 - MIMAROPA, 8th Floor - Marc 2000 Tower, 1973 Taft Avenue Corner San Andres, Malate, Manila not later than **May 26, 2025 @ 5:00 pm.**

LOURISSE V. DULFO
Supply Officer (Designate)

GERALD "DINDI" M. TAN
HOPE

PROJECT TITLE|NAME:

ITEM NO.	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET FOR CONTRACT	UNIT COST	TOTAL COST
1	Photobooth	1	Package	₱8,000.00		
	4R Size - Magnetic					
	4 Hours Service					
	Color Quality Print Outs					
	Free Template Layout					
	Free Access Online Gallery					
	Free Use of Props					
	Live Monitor					
	Good Quality Printer					
	Access to Digital Copy					

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Delivery Date: June 7, 2025
Terms of Payment: N/30
Price Validity: Sixty (60) Days from Qoutation | Proposal date.

Additional Documentary Requirements:
1. *Updated Philgeps Certificate or Registration Number*
2. *Valid Mayor's | Business Permit*
3. *Latest BIR Registration*
4. *Omnibus Sworn Statement - Submitted within* five
   (5) days upon acceptance of NOA (Notice of Award)

Note: Bidders may also submit their bid proposal and supporting documents through email address:
region4b@owwa.gov.ph

_____
Company Name

_____
Signature over Printed Name
Authorized Representative

_____
Designation

_____
Company Tel. | Fax | Mobile No.

_____
Date