

Republic of the Philippines Department of Migrant Workers **OVERSEAS WORKERS WELFARE ADMINISTRATION** Regional Welfare Office V

REQUEST FOR QUOTATION



Name of Store: Address:

Sir/Madam

Please quote your **best offer**, tax included on the items mentioned below and submit your sealed quotation/bid to OWWA RWO5 or email at <u>bacowwar5@gmail.com</u> on or before <u>May 15, 2025 5pm</u> at which time and date, all submitted quotations/bids will be opened.

Bids beyond the approval budget will be automatically rejected.

Interested suppliers are required to submit their valid PhilGEPS Registration Number and Latest Mayor's / Business Permit upon submission of quotation. We reserve the right to reject any or all bids/quotations.

MAYAN P. TRILLES BAC Chairperson

UANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
67	pax	Venue, Meals and Accommodation on May 31 to June 01, 2025		
		Room Good for 67 pax (Overnight)		
		Day 1 May 31, 2025 (Saturday)		
		AM Snacks: Pancit Bato, Bibingka, Suman Kalabasa, Coffee and Tea		
		Lunch: Rice, Lumpiang Gulay, Pork Sinigang, Crispy Fish Fillet with Garlic Sauce, Calamansi Juice and Maja Blanca		
		PM Snacks: Cheesy Baked Mac, Garlic Toast, Coffee and Tea		
		Dinner: Rice, Pata Kare Kare, Fried Fish, Coffee Jelly and Iced Tea		
		Day 2 June 01,2025 (Sunday)		
		Breakfast: Rice, Scrambled Eggs, Beef Tapa, Dried Fish, Banana Lakatan and Coffee		
		AM Snacks: Champorado with Dilis, Coffee and Tea		
		Lunch: Rice, Upo with Sotanghon Soup, Chicken Bicol Express, Lechon Kawali, Macaroons and Soft Drinks		
		Inclusion:		
		*Use of Venue with Lights, Sound System, Mic, Projector, Pr	nientor Sorean	

Date & Time:

MAY , 2025

		*Table, Chairs & Free Flowing Water	· & Coffee	
		*67 Participantsfor Team Building A	ctivity	
Approved Budget for the Contract: 210,000.00		TOTAL		

Note: Payment shall be made through Land Bank of the Philippines, Legazpi branch check, within thirty (30) days after Submission of Billing and User Acceptance of the product.

Payment Details:

Payee Name

PR No:

AIRO E. BERMILLO

Canvasser

	Signature of Manager	
Contact Number		
Please check:		
My store issues OR:	Yes	
	No	
My store accepts gove	rnment check as payment	Yes
		No
Taxpayer IID No (Tin) _		
Vatable	Non Vat	
PhilGEPS Registered:	Yes	
·····	No	

Name of Store

PhilGEPS Registration Number: ____