



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



REQUEST FOR QUOTATION

Name of Store: _____
Address: _____


Date & Time: MAY, 2025

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 bacowwar5@gmail.com on or before May 19, 2025 8am 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

PURPOSE: <i>Raffle item for Migrants Workers Day on June 05, 2025</i>				
QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
1	unit	Smart TV , 43 inches, 2K Full HD, Noise Reduction		
1	unit	Digital Microwave Oven , 25 Liters, 7 Power Level, Auto Cook Functions, Dfrost Function		
1	unit	Bluetooth Speaker , 1500 Watts PMPO, USB Port, SD Slot, FM Radio		
4	unit	Stand Fan , 16 inches, 3 Speed Control		
5	unit	Electric Kettle , 1.8L, Double Thermostat, Anti Dry with Authomatic Safety Shut-Off		
3	unit	Multi Cooker , 1.8 Liters, 10 Cups, Stainless Steel Body and Lid, Aluminum Steamer		
3	unit	Oven Toaster , 6 Liters, Aluminum Bread Tray		
3	unit	Coffee Maker with Glass Carafe, 6 Cups		
4	unit	Blender , 1.5 Liters, 2Speed + Pulse, Glass Jar		
5	unit	Single Burner Gas Stove , Automatic Ignition, Stainless Steel Body		
2	unit	Induction Cooker , 1 Burner, Push Button Control, Fast Heating		
5	unit	Dry Iron , Non Stick Soleplate, 5 Ironing Levels, Cool Touch Handle, Thermal Fuse Protected		
1	unit	Desk Fan , 16 inches		
Approved Budget for the Contract: 70,000.00			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: GF 2025-05-032

AIRO E. BERMILLO
Canvasser

Name of Store

Signature of Manager

Contact Number _____

Please check:

My store issues OR: Yes _____

No _____

My store accepts government check as payment Yes _____

No _____

Taxpayer IID No (Tin) _____

Vatable _____ Non Vat _____

PhilGEPS Registered: Yes _____

No _____

PhilGEPS Registration Number: _____