

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



REQUEST FOR QUOTATION

PR No. RWO7-PR-25-05-127

COMPANY NAME:

ADDRESS:

To whom it may concern:

Please quote your lowest price/s **(tax included)** on the lot ot 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, Regional Welfare Office 7 at the Lower Ground Floor, Machay Building, Gorordo Ave., Cebu City, not later than \_\_\_\_\_\_.

DARLEND MAE P. GILLE Supply Officer					DINEZA Z/GELLE BAC Chairperson	
PROJECT TITLE/NA	ME: MIGRANT WORKER'S DAY 2025 CELEBRATION ON JUI	NE 4, 2025				
ITEM NO.	SPECIFICATION	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)
1	DRINKS					
	>C2 SOLO	200	pieces			
	>500ml Bottled Water	200	pieces			
	Fund Source: Family Development Support Program					
	xxxxx Nothing Follows xxxxx					
GENERAL CONDITIONS						
<ol> <li>Entries mut be typewrit</li> <li>Bidders must submit cei</li> <li>Bidders must submit ne</li> </ol>						
PR No.						
	ave warranties for unit replacements, parts, labor, or other services; nclusive of taxes and shall nit exceed the Approved Budget for the Contract (ABC)					
7. Proposal/Quotation sub 9. Proposal/Bid modification 10. Use of non-discretiona	Inclusive of cakes and sharing exceed the Approved badget for the Contract (ASC) mitted without signature of the authorized signatory shall not be accepted; ons submitted beyond the scheduled deadline shall not be considered; ry/non-discriminatory selection criteria as tie-breaking method in case of two or r vest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No	nore bidders determined				
	ne right to accept or reject any bid, to annul the bidding process, and to reject at a t thereby incurring any liability to the affected bidder or bidders.	ny time prior to				

DELIVERY:

TERMS OF PAYMENT : \_\_\_\_\_\_ PRICE VALIDITY: \_\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NO.: \_\_\_\_\_

SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DATE