

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



REQUEST FOR QUOTATION

PR No. RWO7-PR-25-05-114

COMPANY NAME:						
ADDRESS:						
To whom it may con	icern:					
stating the shortest official representation	your lowest price/s (tax included) on the lot ot item/s below, s time of delivery and submit your quotation using your companive to Overseas Workers Welfare Administration, Regional Welf City, not later than	y letterhead or thi	is form duly si	gned by your		
DARLENDMAE P. (Supply Officer		DINEZA ZOGELLE BAC (hairperson				
PROJECT TITLE/NAM	ME: MIGRANT WORKER'S DAY 2025 CELEBRATION ON JUNE 4	, 2025				
ITEM NO.	SPECIFICATION	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)
1	POLO SHIRT	60	pieces			
	>Color: Customized (Royal Blue with Dark Blue)					
	>Material: Honeycomb with Embroidered OWWA Logo					
	XXXXX	Nothing Follow	s xxxxxx			
GENERAL CONDITIONS						
3. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.); 4. Place your proposal in a seales envelop mark as follows: Bidder's Company Name PHILGEPS Reference No. Project Title/Name PR No. 5. Item/s delivered must have warranties for unit replacements, parts, labor, or other services; 6. Quoted prices must be inclusive of taxes and shall nit exceed the Approved Budget for the Contract (ABC); 7. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted; 9. Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered; 10. Use of non-discretionary/non-discriminatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the Lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005; 11. The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.						
	DELIVERY:					
	TERMS OF PAYMENT :					
	PRICE VALIDITY:					
	COMPANY NAME:	-				
		SIGNATURE	OVER PRINTE	DATE	JTHORIZED REPRI	ESENTATIVE
DATE						