Republic of the Philippines OVERSEAS WORKERS WELFARE ADMINISTRATION-Regional Welfare Office VIII Trece Martires St., Tacloban City Tel# 888-3374/ 832-1945

> P.R. No.: <u>2025-05-077</u> DATE: <u>20-May-25</u>

REQUEST FOR QUOTATION / PROPOSAL

COMPANY NAME:

ADDRESS OF COMPANY:____

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, DOLE Compound Trece Martires St. Tacloban City not later than (DATE)

KATRINAD. OBEJERA Supply Officer

JENELYN	P. GACUS
BAC, Ch	airperson

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PROJECT TITLE/NAME: Raffle prizes for the conduct of Migrant Workers Day 2025 on June 10, 2025					DEALER'S/SUPPLIER'S OFFER	
ITEM NO.	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT (ABC) OR BUDGET PER LINE ITEM	UNIT COST (Vat inclusive)	TOTAL COST (Vat inclusive)
1	Rice	50	sack	₽32,500.00		
	*10 kilos					
PH Pro PR 5. Item/s deli 6. Quoted pri 7. Proposal/C 8. Proposal/C 9. Price quote 10. Use of no Responsive B	ill GEPS Reference No. joict Title/Name No. vered must have warranties for unit replacements, parts, labor or other service ces must be inclusive of taxes and shall not exceed the Approved Budget for 1 Juotation submitted without signature of the authorized signatory shall not be Bid modifications submitted beyond the scheduled deadline shall not be conside ed/ submitted on the deadline shall be considered as final and unalterable; n-discretionary/non-discriminatory selection criteria as tie-breaking method in idder (LCRB) in accordance with GPPB Circular No. 06-2005; VA reserves the right to accept or reject any bid, to annul the bidding process, ar or bidders. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	the Contract (<i>A</i> accepted; lered; case of two or and to reject a	more bidde at any time p	prior to contract award, wit	hout thereby incurring	
					Company Name	
				Print Name and Sig	nature of Authorize	d Representative
					Designation	
				Compa	any Tel./Fax/Mobile	No.
					Date	