

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 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 ______.

DARLENDMAE P. GILLE Supply Officer					DINEZA Z) GELLE BAC (hairperson	
PROJECT TITLE/NAME: REPLACEMENT FOR THE DAMAGED GENSET BATTERY OF THE OWWA AYOS TRUCK						
ITEM NO.	SPECIFICATION	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)
1	GENSET BATTERY	2	pieces			
	Battery Size:					
	NS40-12v, 7 plates, Reverse					
	xxxxx Nothing Follows xxxxxx					
GENERAL CONDITIONS						
2. Bidders must submit cer	ten / if handwritten, it must be clear and ligible; tificate of PHILGEPS Registration; cessary business permits (SEC, LGU, DTI, CDA, etc.);					
 Place your proposal in a Bidder's Company № PHILGEPS Reference Project Title/Name PR No. 						
5. Item/s delivered must h	ave warranties for unit replacements, parts, labor, or other services;					
	nclusive of taxes and shall nit exceed the Approved Budget for the Contract (ABC);					
	mitted without signature of the authorized signatory shall not be accepted;					
	ons submitted beyond the scheduled deadline shall not be considered;	adders determined				
	ry/non-discriminatory selection criteria as tie-breaking method in case of two or more l vest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2					
11. The OWWA reserves th	ter calculated and the separate block (crosp) in accordance with Grop Circular No. Go- er right to accept or reject any bid, to annul the bidding process, and to reject at any tin t thereby incurring any liability to the affected bidder or bidders.					

DELIVERY: ____

TERMS OF PAYMENT : ______ PRICE VALIDITY: ______

COMPANY NAME: ______ CONTACT NO.: ______

SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DATE