

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



REQUEST FOR QUOTATION

PR No. RWO7-PR-25-05-132

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 JUNE	4, 2025				
ITEM NO.	SPECIFICATION	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)
1	LAN CABLE CAT 6	1	box			
	xxxxx Nothing Follows xxxxxx					
 Bidders must submit cei Bidders must submit nei Place your proposal in a Bidder's Company 1 PHILGEPS Referenc. Project Title/Name PR No. Item/s delivered must hei Proposal/Quotation sub Proposal/Quotation sub Proposal/Quotation sub Proposal/Bid modificatii Use of non-discretiona and declared as the Low 	e No. ave warranties for unit replacements, parts, labor, or other services; inclusive of taxes and shall nit exceed the Approved Budget for the Contract (ABC); imitted without signature of the authorized signatory shall not be accepted; on s submitted beyond the scheduled deadline shall not be considered; iry/non-discriminatory selection criteria as tie-breaking method in case of two or more vest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-	2005;				
	he right to accept or reject any bid, to annul the bidding process, and to reject at any ti t thereby incurring any liability to the affected bidder or bidders.	me prior to				

DELIVERY: ____

TERMS OF PAYMENT : ______ PRICE VALIDITY: ______

COMPANY NAME: ______ CONTACT NO.: _____

SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DATE