

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



REQUEST FOR QUOTATION

PR No. RWO7-PR-25-06-141

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/NAME: ENHANCED ENTREPRENEURIAL DEVELOPMENT TRAINING ON JUNE 21, 2025 | | | | | | |
| ITEM NO. | SPECIFICATION | QTY | UNIT | APPROVED BUDGET FOR THE CONTRACT | UNIT COST (Vat Inclusive) | TOTAL COST (Vat inclusive) |
| 1 | Airconditioned Function Room | 8 | hours | | | |
| | (minimum use of 8 hours) | | | | | |
| | (can accommodate up to 60 pax) | | | | | |
| | Inclusions: | | | | | |
| | >Tables | | | | | |
| | >Chairs | | | | | |
| | >Sound System (with Microphones) | | | | | |
| | >Projector and Projector Screen | | | | | |
| | | | | | | |
| | | | | | | |
| | XXXX | x Nothing Follow | | 1 | | |
| GENERAL CONDITIONS | | | | | | |
| 2. Bidders must submit ce | tten / if handwritten, it must be clear and legible; ertificate of PHILGEPS Registration; ecessary business permits (SEC, LGU, DTI, CDA, etc.); | | | | | |
| Place your proposal in a Bidder's Company PHILGEPS Reference Project Title/Name PR No. | ce No. | | | | | |
| - | 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); | | | | | |
| | bmitted without signature of the authorized signatory shall not be accepted; | | | | | |
| | ions submitted beyond the scheduled deadline shall not be considered; | - bladd dot d | | | | |
| | ary/non-discriminatory selection criteria as tie-breaking method in case of two or mor west Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 0 | | | | | |
| 11. The OWWA reserves t | west calculated and responsive bluel (ccbb) in acculated with Gr B chickan do, o the right to accept or reject any bid, to annul the bidding process, and to reject at any ut 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