

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



**REQUEST FOR QUOTATION** 

PR No. RWO7-PR-25-06-143

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 chairperson		
PROJECT TITLE/NA	ME: 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	Packed Meal with Drinks	30	рах			
		minimu	m			
		guaranteed				
		8	1			
xxxxx Nothing Follows xx						
<ol> <li>Bidders must submit cer</li> <li>Bidders must submit nec</li> </ol>	en / if handwritten, it must be clear and legible; tificate of PHILGEPS Registration; essary business permits (SEC, LGU, DTI, CDA, etc.); seales envelop mark as follows:					
Bidder's Company N PHILGEPS Reference Project Title/Name PR No.						
	ave warranties for unit replacements, parts, labor, or other services;					
<ol> <li>Proposal/Quotation subr</li> <li>Proposal/Bid modification</li> <li>Use of non-discretionar and declared as the Low</li> <li>The OWWA reserves the</li> </ol>	In text of taxes and shall nit exceed the Approved Budget for the Contract (ABC); nitted without signature of the authorized signatory shall not be accepted; ins submitted beyond the scheduled deadline shall not be considered; y/non-discriminatory selection criteria as tie-breaking method in case of two or more I set Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2 er ight to accept or reject any bid, to annul the bidding process, and to reject at any tim	:005;				
contract award, without	thereby incurring any liability to the affected bidder or bidders.					

DELIVERT	-
TERMS OF PAYMENT :	
PRICE VALIDITY:	

COMPANY NAME: \_\_\_\_ CONTACT NO.: \_\_\_\_

SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DATE