Republic of the Philippines
Department of Migrant Workers
OVERSEAS WORKERS WELFARE ADMINISTRATION
Regional Welfare Office - MIMAROPA
8th Floor - Marc 2000 Tower, 1973 Taft Avenue Corner San Andres, Malate, Manila
Tel. No.: (02) 8353-9016 | (02) 8353-8986 | Email: region4b@owwa.gov.ph

P.R. No.: 2025-06-0133
Date: 10 JUN 2025

REQUEST FOR QUOTATION | PROPOSAL

COMPANY NAME: _____
COMPANY ADDRESS: _____

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 - MIMAROPA, 8th Floor - Marc 2000 Tower, 1973 Taft Avenue Corner San Andres, Malate, Manila not later than 16 JUN 2025 **@ 5:00 PM**.

LOURISSE V. DULFO
Supply Officer (Designate)

GERALD "DINDI" M. TAN
Regional Director

PROJECT TITLE|NAME: Proposal for the Food for the conduct of Basic Organizational Development Training on June 22, 2025 in San Vicente, Palawan

ITEM NO.	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET FOR CONTRACT	UNIT COST	TOTAL COST
				₱45,000.00		
1	Food for 90 Pax	90	PAX			
	Inclusions:					
	AM SNACK with Drinks with Utensils at 9:30 AM					
	LUNCH with Drinks for with Utensils at 11:30 AM					
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx						

Delivery Date: JUNE 22, 2025
Terms of Payment: n/30
Price Validity: Sixty (60) Days from Qoutation | Proposal date.

Additional Documentary Requirements:

1. *Updated Philgeps Certificate or Registration Number*
2. *Valid Mayor's | Business Permit*
3. *Latest BIR Registration*
4. *Omnibus Sworn Statement - Submitted within* five *(5) days upon acceptance of NOA (Notice of Award)*

Note: Bidders may also submit their bid proposal and supporting documents throug email address: region4b@owwa.gov.ph

_____
Company Name

_____
Signature over Printed Name
Authorized Representative

_____
Designation

_____
Company Tel. | Fax | Mobile No.

_____
Date