

Republic of the Philippines  
Department of Labor and Employment  
**OVERSEAS WORKER WELFARE ADMINISTRATION**  
Door 31 E-G CAM Bldg., Monteverde St. Davao City  
**REQUEST OF PRICE QUOTATION**

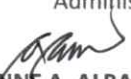
25 - 00189

JUN 10 2025

Date

Sir:

Please quote your lowest net price (s), taxes included on the item (s) hereunder listed  
and submit your quotation in duplicate copies and enclosed in a sealed envelope marked  
"Proposal for supply and delivery of various items" addressed to Overseas Workers Welfare  
Administration at Door 31 E-G Cam bldg., Monteverde St., Davao City

  
**ANNE A. ALBAN**  
OWWA I

  
**GINA MAE L. QUIMORA**  
Officer-in-Charge

Quantity	Unit	Articles	Unit Price	Total
100	pax	<b>Venue Function Room (4-hour)</b>		
		<b>Dinner (Buffet Set up)</b>		
		3 Main Course (beef & chicken)		
		1 Soup		
		1 Noodles or vegetable		
		1 Dessert		
		1 Softdrinks and Rice		
		and Salad		
		<b>Inclusions</b>		
		** with flowing coffee		
		**free use of Sound System with 2 microphones		
		**free electricity for the LED		
		**with parking space		
		<b>** For 2025 MOFYA Regional Awarding</b>		
		July 10, 2025, Davao City		
		<b>APC : Php 100,000.00</b>		

**NOTE:**

1. Please attach Philgeps Certificate and Mayor's/ Business permit.
2. Use of non-discretion/non-discriminatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005
3. Based on the above requirement/s all price quote/submitted shall be considered final and unalterable and VAT inclusive
4. Proposal/Quotation submitted without signature of the Authorized signatory shall not be accepted
5. Bid modifications as well as bids submitted beyond the scheduled deadline shall not be considered.
6. The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.

DELIVERY: 1 day

TERMS OF PAYMENT: CHECK

PRICE VALIDITY:

(Name of Supplier)

(Signature of Owner/ Manager)

(Print Name)

(Contact Number)

(Date)