

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



REQUEST FOR QUOTATION

PR No. RWO7-PR-25-06-159

COMPANY NAME:						
ADDRESS:						
To whom it may con	ncern:					
stating the shortest official representation	your lowest price/s (tax included) on the lot ot item/s below, time of delivery and submit your quotation using your compave to Overseas Workers Welfare Administration, Regional Wel City, not later than	ny letterhead or this	form duly s	igned by your		
DARLEND MAE P. G		DINEZA Z/GELLE BAC (hairperson				
PROJECT TITLE/NAM	ME: PROCUREMENT OF SECURITY SERVICES					
ITEM NO.	SPECIFICATION	qтγ	UNIT	APPROVED BUDGET FOR THE CONTRACT	UNIT COST (Vat Inclusive)	TOTAL COST (Vat inclusive)
1	PROCUREMENT OF SECURITY SERVICES	1	LOT			
-	>For the period July 1, 2025 to December 31, 2025	1	101			
	>Please see the attached Technical Specifications and					
	Terms and Conditions for your reference.					
	XXXX	Nothing Follows	XXXXXX	1		
GENERAL CONDITIONS	I					
3. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.); 4. Place your proposal in a seales envelop mark as follows: Bidder's Company Name PHILGEPS Reference No. Project Title/Name PR No. 5. Item/s delivered must 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); 7. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted; 9. Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered; 10. Use of non-discretionary/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; 11. The OWWA reserves the right to accept or reject any bid, to annut 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:					
	TERMS OF PAYMENT :					
	PRICE VALIDITY:					
	COMPANY NAME:CONTACT NO.:	_ _				
		SIGNATURE C	OVER PRINT	ED NAME OF AU	JTHORIZED REPRI	- ESENTATIVE
	DATE					