



Republic of the Philippines
Department of Migrant Workers
OVERSEAS WORKERS WELFARE ADMINISTRATION
Regional Welfare Office VI
3F, Robinsons Place Iloilo, Corner De Leon & Quezon Sts., Iloilo City
Telephone No. (033) 509-1075 TeleFax No. (033) 337-4484



P.R. No.: **2025-536**
Date: **July 10, 2025**

REQUEST FOR PRICE QUOTATION

Sir/Madam:

Please quote your lowest net price/s, **taxes included**, on the item/s hereunder listed and submit your quotation, using your company letterhead thru fax or email and/or enclosed in a sealed envelope marked "Request for Quotation for the **"Meals"** addressed to Overseas Workers Welfare Administration, 3rd Floor, Robinsons Place Iloilo, Corner De Leon and Quezon Sts., Iloilo City on or before July 21, 2025 at 10:00 a.m.


REMON A. ALBEZA
BAC Secretariat


RIZZA JOY M. MOLDES
BAC Chairman

DEALER'S/SUPPLIER'S OFFER					
ITEM NO.	QTY	UNIT	SPECIFICATIONS	UNIT COST	TOTAL
				Unit Price (vat inclusive)	
			MEALS		
1	50	pax	- AM Snacks		
2	50	pax	- Free-flowing Coffee		
3	50	pax	- Lunch (Buffet)		
			Additional Documentary Requirements:		
			1. Mayor's/ Business Permit		
			2. Income/ Business Tax Return		
GRAND TOTAL					
Amount in Words:					

DELIVERY:

TERMS OF PAYMENT

PRICE VALIDITY

(Name of Supplier)

(Signature of Owner/Manager)

(Print Name)

(Contact Number)

(Date)