



Republic of the Philippines  
Department of Migrant Workers  
**OVERSEAS WORKERS WELFARE ADMINISTRATION**  
Regional Welfare Office V



**REQUEST FOR QUOTATION**

Name of Store: \_\_\_\_\_  
Address: \_\_\_\_\_

Date & Time: JULY, 2025

Sir/Madam

Please quote your **best offer**, tax included on the items mentioned below and submit your sealed quotation/bid to OWWA RWO5 or email at [bacowwar5@gmail.com](mailto:bacowwar5@gmail.com) on or before July 21, 2025, 8:00 am at which time and date, all submitted quotations/bids will be opened.

Bids beyond the approval budget will be automatically rejected.

Interested suppliers are required to submit their valid PhilGEPS Registration Number and Latest Mayor's / Business Permit upon submission of quotation. We reserve the right to reject any or all bids/quotations.

  
**MAYAN P. TRILLES**  
BAC Chairperson

**PURPOSE:** *Token for Speaker, Partner Agency and Stakeholders in the conduct of EDLP-EEDT for the Year 2025.*

QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
50	pcs	<b>Umbrella</b> , 2 Folds with OWWA Logo DTF Print, 8 ribs, Color: Black and White		
50	pcs	<b>Insulated Tumbler</b> , Hot and Cold, 22oz with OWWA Logo UV DTF Print		
100	pcs	<b>Re-Usable Bag</b> , Large, Base: 4inches, Height: 14.5inches, Width: 17inches with OWWA Bicol Cares Print		
70	pcs	<b>Coolpass CD Polo Shirt</b> (Black) with OWWA Logo Embroidered		
100	pcs	<b>Round Neck T-Shirt</b> (Royal Blue) with OWWA Logo DTF Print		
Approved Budget for the Contract: <b>110,500.00</b>			<b>TOTAL</b>	

**Note:** Payment shall be made through Land Bank of the Philippines, Legazpi branch check, within thirty (30) days after Submission of Billing and User Acceptance of the product.

**Payment Details:**

Payee Name \_\_\_\_\_

PR No: GF 2025-07-054

AIRO E. BERMILLO  
**Canvasser**

\_\_\_\_\_  
Name of Store

\_\_\_\_\_  
Signature of Manager

Contact Number \_\_\_\_\_

**Please check:**

My store issues OR: Yes \_\_\_\_\_  
No \_\_\_\_\_

My store accepts government check as payment Yes \_\_\_\_\_  
No \_\_\_\_\_

Taxpayer IID No (Tin) \_\_\_\_\_

Vatable \_\_\_\_\_ Non Vat \_\_\_\_\_

PhilGEPS Registered: Yes \_\_\_\_\_  
No \_\_\_\_\_

PhilGEPS Registration Number: \_\_\_\_\_