Republic of the Philippines
OVERSEAS WORKERS WELFARE ADMINISTRATION
OWWA Center Bldg., 7th St. corner F.B. Harrison St., Pasay City
Tel# 833-0113 Telefax# 833-1010

P.R. No. 008-17
Date 2-Feb-17

REQUEST FOR PRICE QUOTATION

(NAME OF SUPPLIER)

(ADDRESS OF SUPPLIER)

Sir:

Please quote your lowest net price/s, **taxes included**, on the item/s hereunder listed and submit your quotation, using your company letterhead and sent thru fax or email and/or enclosed in a sealed envelope marked "One (1) lot - Supply of Labor and Materials for the repair of OWWA Service Vehicle with Plate No. SHT-290 " addressed to Overseas Workers Welfare Administration, Third Floor OWWA Center Building, 7th Street corner, FB Harrison, Pasay City on or before 09 February 2017 @ 10:00 a.m.

NIMFA C. UNICA
Supply Officer

BERNA P. DEL CASTILLO
Chief, PPMD

DEALER'S/SUPPLIER'S OFFER					
ITEM NO.	QTY	UNIT	SPECIFICATIONS	UNIT COST	TOTAL
				Unit Price (vat inclusive)	
	1	lot	**Supply of Labor and Materials for the repair of**		
			OWWA Service Vehicle with Plate No. SHT-290		
			1. General cleaning and repair of ACU System		
			Model: KIA		
			Fuel: Diesel		
			Year: 2007		
			ABC (Php20,000.00)		

Note:
1. Please attach Philgeps Certificate
2. 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.
3. Based on the above requirement/s all price quoted /submitted shall be considered final & 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.

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DELIVERY:

TERMS OF PAYMENT

PRICE VALIDITY

____
(Name of Supplier)

____
(Signature of Owner/Manager)

____
(Print Name)

____
(Contact Number)