

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. 125-16
 Date 10-Nov-16

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 thru fax or email and/or enclosed in a sealed envelope marked "Request for One (1) Lot Supply and Delivery of Various ACU Supplies" addressed to Overseas Workers Welfare Administration, Third Floor OWWA Center Building, 7th Street corner, FB Harrison, Pasay City on or before 18 November 2016 at 10:00 a.m.

J. N. Unica
NIMFA C. UNICA
 Supply Officer

B. P. Del Castillo
BERNA P. DEL CASTILLO
 Chief, PPMD

DEALER'S/SUPPLIER'S OFFER					
ITEM NO.	QTY	UNIT	SPECIFICATIONS	UNIT COST	TOTAL
				Unit Price (vat inclusive)	
			One (1) Lot Supply and Delivery of the following for the installation of airconditioning units:		
	2	tank	Freon #22		
	20	pcs	Silver Rod		
	4	bottles	Mop Gas		
	2	pcs	Angle Bar 1/8 x 1 1/2 x 20ft.		
	5	kilos	Welding Rod 1/8"		
	20	pcs	Dyna Bolt 3/8" inches hole		
	20	pcs	Copper Elbow 3/4"		
			ABC (Php15,000.00)		
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. XXX					

DELIVERY:
 TERMS OF PAYMENT
 PRICE VALIDITY

 (Name of Supplier)

 (Signature of Owner/Manager)

 (Print Name)

 (Contact Number)

 (Date)