## **REPUBLIC OF THE PHILIPPINES MUNICIPALITY OF KAPALONG Province of Davao del Norte Quotation No.** 20220337 100-22-04-0380 PR No. 4/7/2022 Date 1/2 Page Sir/Madam: **Mayor's Office** Requestioning Office: PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND IT'S IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE MUNICIPALITY OF KAPALONG, DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. Qty. Unit Description ABCUnit Total Remarks & Price Date of Dilivery 1 150 Vial Cefriazone (1q-Vial) 75.00 150 Vial Cefriazone (750-mg) 55.00 2 3 100 Clarithromycin (250mg) 195.00 bot 30 250.00 4 Amlodepine (10mg) box Amlodepine (5mg) 5 33 box 200.00 50 Lozartan (100mg) 480.00 6 box 50 195.00 box Clopidogrel (75mg) 8 100 Vial Ampicllin 60.00 100 Acetimax (60mg) 55.00 рс 10 8 box Cefuroxime (500mg) 3,800.00 CONT.NEXT PAGES SUPPLIERS MUST SPECIFY/INDICATE **BRAND NAMES UPON QUOTATION** (SGD.) MARY ELIZABETH L.EXALA **BAC-Chairperson** I HEREBY CERTIFY: 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 60 DAYS FROM DATE OF THE OPENING OF CANVASS. 2) IN CASE THE MUNICIPALITY OF KAPALONG, DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PRODUCED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF THE SHELF. NAME OF ESTABLISHMENT: ADDRESS: TEL. NO.: **SIGNATURE** PRINTED NAME CANVASS BY:

Signature Over Printed Name

**POSITION** 

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Sir/	Madam	:			Requestic	oning Office:	Mayor's Office
REG WH AW BE G LAT	CULATIC ICH THE ARDS CO OFFICIA	ONS, PLI E MUNI OMMIT LLY NO ERIES, I	E PERTINENT PROVISION OF REPUBLIC . EASE QUOTE YOUR UNIT, TOTAL AND G ICIPALITY OF KAPALONG, DAVAO DEL N ITEE FIND YOUR PRICE REASONABLE, R. TIFIED AS TO THE DATE OF DELIVERY. II LIQUIDATED DAMAGES SHALL BE IMPO	GRAND/LOT PRIC ORTE DESIRES T ESPONSIVE AND N CASE THERE IS	CE OF THE I TO PURCHA D LOWEST I S A FAILURI	TEMS LISTED SE. SHOULD N THE MARK E OF DELIVER	HEREUNDER, THE BIDS AND ET, YOU WILL Y AND/OR
	Qty.	Unit	Description	ABC	Unit	Total	Remarks &
No.	_				Price	Price	Date of Delivery
11	8	box	Amoxicillin (500mg)	3,800.00			
12	38	box	Metformin (500mg)	350.00			
13	35	box	Ascorbic Acid (500mg)	450.00			
14 15	35 35	box box	Multivitamins + Iron Vitamin B-Complex (B1B6B12)	150.00 185.00			
			TOTAL APPROVED BUDGET CONTRACT	199,925.00			
			R MUST SPECIFY/INDICATE  NAMES UPON QUOTATION	133,323.00	(SGD.	-	ABITH L.EXALA
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