

**REPUBLIC OF THE PHILIPPINES**  
**MUNICIPALITY OF KAPALONG**  
**Province of Davao del Norte**

Quotation No. 20220387  
 PR No. 100-22-05-0480  
 Date 5/10/2022  
 Page 1/2

Sir/Madam:

Requesting Office: Tribal 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.

| Item | Qty. | Unit | Description   | ABC        | Unit | Total Price | Remarks & Date of Delivery |
|------|------|------|---|------------|------|-------------|----------------------------|
| 1    | 1    | unit | Purchase of 1 unit Motorcycle<br>(Brand New)                                    | 100,000.00 |      |             |                            |
|      |      |      | Specification:Engine type....Air cooled,4-stroke SOHC,2-Valve                   |            |      |             |                            |
|      |      |      | Cylinder....Single cylinder Displacement....125cm                               |            |      |             |                            |
|      |      |      | Bore and Stroke....52.4x57.9mm  |            |      |             |                            |
|      |      |      | Compression ratio....9.5:1 Maximum horse power.....7.0KW (9.5PS)                |            |      |             |                            |
|      |      |      | 8000r/min maximum torque...9.Nm (1.0gf m)/5500r/min Starting system....Electric |            |      |             |                            |
|      |      |      | starter and kickstarter Lubrication system.....Wet sump Engine oil capacity     |            |      |             |                            |
|      |      |      | 0.84L Fuel supply system.....Fuel injection Clutch....Cdry,centrifugal,shoe     |            |      |             |                            |
|      |      |      | Transmission type.....V-belt automatic  |            |      |             |                            |
|      |      |      | <b>CONT.NEXT PAGES</b>  |            |      |             |                            |

**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

**REPUBLIC OF THE PHILIPPINES**  
**MUNICIPALITY OF KAPALONG**  
**Province of Davao del Norte**

Quotation No. 20220387  
 PR No. 100-22-05-0480  
 Date 5/10/2022  
 Page 1/2

Sir/Madam:

**Requesting Office: Tribal 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.

| Item No. | Qty. | Unit | Description                           | ABC               | Unit Price | Total Price | Remarks & Date of Delivery |
|----------|------|------|---------------------------------------|-------------------|------------|-------------|----------------------------|
|          |      |      | LTO Registration                      |                   |            |             |                            |
|          |      |      | GSIS Insurance                        |                   |            |             |                            |
|          |      |      |                                       |                   |            |             |                            |
|          |      |      |                                       |                   |            |             |                            |
|          |      |      |                                       |                   |            |             |                            |
|          |      |      |                                       |                   |            |             |                            |
|          |      |      |                                       |                   |            |             |                            |
|          |      |      |                                       |                   |            |             |                            |
|          |      |      |                                       |                   |            |             |                            |
|          |      |      | <b>TOTAL APPROVED BUDGET CONTRACT</b> | <b>100,000.00</b> |            |             |                            |

**SUPPLIER 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





