

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

Quotation No. 20220391
 PR No. 100-22-03-0339
 Date 3/25/2022
 Page 1/3

Sir/Madam:

Requesting Office: **MDRRMO**

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.

tem	Qty.	Unit	Description	ABC	Unit	Total Price	Remarks & Date of Delivery
1	20	BOX	AZITHROMYCIN	65.00			
2	20	BOX	ORS	160.00			
3	20	BOX	MULTIVITAMINS WITH IRON	450.00			
4	20	BOX	PARACETAMLOL (500MG)	100.00			
5	20	BOX	ASCORBIC ACID (500MG)	450.00			
6	20	BOX	B-COMPLEX	200.00			
7	20	BOX	CETERIZINE	150.00			
8	20	TAB	SINECOD	38.00			
9	20	BOX	OMEPRAZOLE	500.00			
10	20	BOT	PARACETAMOL (60M)	40.00			
			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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Item No.	Qty.	Unit	Description	ABC	Unit Price	Total Price	Remarks & Date of Delivery
11	20	BOT	CETERIZINE (250MG)	48.00			
12	20	NEBULE	SALBUTAMOL PLAIN (ING)	40.00			
13	18	BOT	MULTIVITAMINS (60ML)	40.00			
14	20	BOX	SODIUM ASCORBATE CAPS (500MG)	650.00			
15	20	TAB	CEFUROXIME (500MG)	38.00			
16	20	BOX	MONTELUKAST (10MG)	680.00			
17	20	NEBULE	SALBUTA + IPRA	48.00			
18	20	BOT	CO-AMOXICLAV (60ML)	165.00			
19	20	SACHET	ACETYLCESTEINE (600MG)	38.00			
20	20	BOX	SALBUTAMOL + GUIA	250.00			
CONT.NEXT PAGES							

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Item No.	Qty.	Unit	Description	ABC	Unit	Total Price	Remarks & Date of Delivery
21	25	BOT	CO-AMOXICLAV (625MG)	38.00			
22	25	BOX	LOPERAMIDE CAPSULE	20.00			
23	25	BOX	HYOSCINE	45.00			
24	25	BOX	IRON SULFATE	50.00			
25	25	BOT	ZINC SULFATE	65.00			
26	22	NEBULE	ERCEFLORA (50ML)	65.00			
27	15	BOX	AMBROXOL (75MG)	680.00			
			TOTAL APPROVED BUDGET CONTRACT	100,000.00			

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