| REPUBLIC OF THE PHILIPPINES   |                   |         |                                    |   |                                       |            |                  |
|---|-------------------|---------|------------------------------------|---|---------------------------------------|------------|------------------|
| MUNICIPALITY OF KAPALONG<br>Province of Davao del Norte   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         |                                    |   | 005.1                                 |            | 202205542        |
|   |                   |         |                                    | -   | QRF No.                               |            | 202205543        |
|   |                   |         |                                    | -   | PR No.                                |            | 100-22-06-0636   |
|   |                   |         |                                    | -   | Date                                  |            | 6/28/2022        |
|   |                   |         |                                    |   | Page                                  |            | 1/1              |
| Sir/Madam:<br>PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC A<br>REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND G   |                   |         |                                    | <b>Supplementary Feeding Pgrogram</b><br>ACT NO. 9184 AND IT'S IMPLEMENTING RULES AND |                                       |            | RULES AND        |
|   |                   |         | CIPALITY OF KAPALONG, DAVAO DEL N  |   |                                       |            |                  |
| 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<br>LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR |                   |         |                                    |   |                                       |            |                  |
|   | E DELIV<br>URE TR |         |                                    | SED AND BE CH   | ARGED AG                              | AINST YOUR | PRESENT OR       |
| tem   |                   | Unit    |                                    | ABC   | Unit                                  | Total      | Remarks &        |
|   |                   |         |                                    |   |                                       | Price      | Date of Dilivery |
| 1   | 7,400             | pack    | Milk Powder (Sakto Pack)           | 12.00   |                                       |            |                  |
| 2   | 280               | tray    | Egg Large Tray size                | 216.00  |                                       |            |                  |
|   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         |                                    |   |                                       |            |                  |
|   |                   |         | TOTAL APPROVED BUDGET CONTRACT     | 149,280.00  |                                       |            |                  |
|   | SL                | IPPLIE  | ERS MUST SPECIFY/INDICATE          |   |                                       |            |                  |
|   |                   |         | NAMES UPON QUOTATION               |   |                                       |            |                  |
|   |                   |         |                                    | <b>(SDG.) MARY ELIZABETH L.EXALA</b><br>BAC-Chairperson                               |                                       |            |                  |
| I HE  | REBY C            | ERTIFY  |                                    |   |                                       |            |                  |
| 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  |                   |         |                                    |   |                                       |            |                  |
|   | PRODUC            | CED FRO | M MY/OUR ESTABLISHMENT, THE STOCKS | ARE READILY AVA   | ILABLE OFF                            | THE SHELF. |                  |
|   |                   |         |                                    | -   |                                       |            |                  |
|   | -                 | STABLI  | SHMENT:                            | -   |                                       |            |                  |
|   | DRESS:            |         |                                    | -   |                                       |            |                  |
| IEL   | . NO.:            |         |                                    |   | SIGNATURE                             |            |                  |
|   |                   |         |                                    | -   |                                       | SIGNAT     | URE              |
|   |                   |         |                                    | -   | PRINTED NAME                          |            |                  |
| CAN   | IVASS B           | Y:      |                                    |   | · · · · · · · · · · · · · · · · · · · |            |                  |
|   |                   |         | Signature Over Printed Name        | -   |                                       | POSITI     | ON               |
|   |                   |         | 1                                  |   |                                       |            |                  |