

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

QRF No. 20220701
 PR No. 100-22-08-0812
 Date 8/8/2022
 Page 1/1

Sir/Madam:

Requesting Office: MHO

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		ABC	Unit	Total Price	Remarks & Date of Delivery
1	80	bx	Muntilukas (10mg)tab	680.00			
2	200	tabs	Azithromycin (500mg)	100.00			
3	30	bx	Ibuprofen (500mg tab)	500.00			
4	50	ampule	Tetanus Toxoid (TT)	130.00			
5	40	bx	Cefalexin 500mg Cap	350.00			
6	100	bx	Paracetamol 500mg (tabs)	90.00			
7	100	bx	Multivitamins + Iron 500mg	150.00			
			TOTAL APPROVED BUDGET CONTACT	133,900.00			

**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

 POSITION

CANVASS BY: _____
 Signature Over Printed Name

