			REPUBLIC OF T				
			MUNICIPALITY		_		
			Province of Da	avao dei Norte			
					QRF No.		20220783
					PR No.		100-22-09-0897
					Date		9/2/2022
					Page		1/1
Sir/	'Madam	:			Requestic	oning Office:	Mayor's Office
REG WH AW BE (LAT	GULATIC IICH THE 'ARDS C OFFICIA 'E DELIV	ONS, PLE E MUNIO OMMIT LLY NOT	E PERTINENT PROVISION OF REPUBLIC A FASE QUOTE YOUR UNIT, TOTAL AND GI CIPALITY OF KAPALONG, DAVAO DEL NO TEE FIND YOUR PRICE REASONABLE, RE TIFIED AS TO THE DATE OF DELIVERY. IN LIQUIDATED DAMAGES SHALL BE IMPOS TIONS.	RAND/LOT PRIO ORTE DESIRES T SPONSIVE AND I 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
tem		Unit	ions.	ABC	Unit	Total	Remarks & Date of Dilivery
1	90	bottle	Erythromycin 200 mg/5mg Granules 60ml	65.00			
2	120	_	Amoxicilin Drops 100g/15ml	35.00			
3	90	box	Cotrimoxazole 800/160/mg tab	150.00			
4	90	bottle	Cotrimoxazole 400/80mg 5ml	55.00			
5	80	box	Ibuprofen 400mg tablet	110.00			
6	40	box	ORS Powder	160.00			
7	90	box	Multivitamins + Iron Capsule	150.00			
8	120	box	Amoxicilin 500mg Capsule	375.00			
9	120	box	Ciprofloxacin 500mg	150.00			
10	100	box	Salbutamol Tab 2mg	50.00			
			RS MUST SPECIFY/INDICATE NAMES UPON QUOTATION		(SGD.)) MARY ELIZA BAC-Chair _l	ABETH L.EXALA person
I HE	1) THE A OF THE 2) IN CA	OPENINO ASE THE I	RICES OF THE ITEMS HEREIN DESCRIBED ARE G OF CANVASS. MUNICIPALITY OF KAPALONG, DAVAO DEL N M MY/OUR ESTABLISHMENT, THE STOCKS A	IORTE WILL OFFI	CIALLY NOTI	FY THAT THE I	
NA	ME OF E	STABLI	SHMENT:				
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TEL	. NO.:			-			
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CAI	VVASS E	BY:		•		PRINTED I	NAME
			Signature Over Printed Name	•		POSITIO	ON

			REPUBLIC OF 1	THE PHILIPPINI	ES		
			MUNICIPALITY	Y OF KAPALONG	3		
			Province of D	avao del Norte			
					QRF No.		20220783
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				_	Date		9/2/2022
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Sir/	Madam	:		Requestioning Office:		Mayor's Office	
PUF	RSUANT	ТО ТНЕ	E PERTINENT PROVISION OF REPUBLIC.	ACT NO. 9184 A	ND IT'S IM	PLEMENTING	RULES AND
			EASE QUOTE YOUR UNIT, TOTAL AND G				
WH	ICH THE	MUNI	CIPALITY OF KAPALONG, DAVAO DEL N	ORTE DESIRES T	TO PURCHA	SE. SHOULD	THE BIDS AND
ΑW	ARDS C	ОММІТ	TEE FIND YOUR PRICE REASONABLE, R	ESPONSIVE AND	LOWEST I	N THE MARK	ET, YOU WILL
BE (OFFICIA	LLY NOT	TIFIED AS TO THE DATE OF DELIVERY. II	N CASE THERE IS	S A FAILURI	E OF DELIVER	Y AND/OR
LAT	E DELIV	ERIES, L	IQUIDATED DAMAGES SHALL BE IMPO	SED AND BE CH	IARGED AG	AINST YOUR	PRESENT OR
FU1	URE TR		•			•	
tem	Qty.	Unit	Description	ABC	Unit	Total	Remarks &
No.	440		2 11 11 22 112	10.00	Price	Price	Date of Delivery
11	112		Ranitidine 25mg//5ml	40.00			
12	120		Metronidazole 500mg tab	350.00			
13	118		D5.03 NACL 1 Liter	120.00			
14	118	bottle	D5NM	120.00			
			TOTAL APPROVED BUDGET CONTRACT	200,000.00			
	SU	PPLIEF	R MUST SPECIFY/INDICATE				
	RR.		NAMES UPON QUOTATION				
	DI	ANDI	VANLES OF ON QUOTATION	J	(scn	\	ADITU I EVALA
					(משט.	BAC-Chair	ABITH L.EXALA
I HE	REBY C	FRTIFY				DAC Chair	person
			RICES OF THE ITEMS HEREIN DESCRIBED AR	RE CURRENT AND	VALID FOR 6	0 DAYS FROM	DATE
	,		G OF CANVASS.				
	2) IN CA	SE THE I	MUNICIPALITY OF KAPALONG, DAVAO DEL	NORTE WILL OFFI	CIALLY NOTI	FY THAT THE I	TEMS WILL BE
	PRODU	CED FRO	M MY/OUR ESTABLISHMENT, THE STOCKS	ARE READILY AVA	ILABLE OFF	THE SHELF.	
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