			REPUBLIC OF THE MUNICIPALITY				
			Province of Da		-		
					RFQ NO.		20221162
					PR No.		100-22-11-1407
					Date		11/22/2022
					Page		1/1
Sir/	'Madam	:			Requestio	ning Office:	MDRRMO
			PERTINENT PROVISION OF REPUBLIC A				
		-	FASE QUOTE YOUR UNIT, TOTAL AND GE	-			-
			CIPALITY OF KAPALONG, DAVAO DEL NO				
			TEE FIND YOUR PRICE REASONABLE, RES TIFIED AS TO THE DATE OF DELIVERY. IN				•
			IQUIDATED DAMAGES SHALL BE IMPOS				
	URE TR	-		LD TIND DE CIT	71110207107	111 13 1 1001	THESEIVT ON
tem	Qty.	Unit	Description	ABC	Unit	Total	Remarks &
	-		·		Price	Price	Date of Delivery
1	30	boxes	Amlodipine 5mg	250.00			
2	30	boxes	Amlodipine 10mg	400.00			
3	20	boxes	Losartan 50mg	400.00			
4	30	boxes	Losartan 100mg	600.00			
5	40	boxes	Amoxicillin 500mg	320.00			
6	40	boxes	Cefalexin 500mg cap	350.00			
7	20	boxes	Cetirizine tablets 10mg	97.00			
8	200	bots	Amoxicillin suspension 250mg	24.00			
			CONT.NEXT PAGES				
	SL	<i>JPPLIE</i>	RS MUST SPECIFY/INDICATE	•			
			NAMES UPON QUOTATION				
					(SGD.)	MARY ELIZA	BETH L.EXALA
					(002.)	BAC-Chairp	
I HE	REBY C	ERTIFY:					
	1) THE A	ABOVE P	RICES OF THE ITEMS HEREIN DESCRIBED ARE	CURRENT AND	VALID FOR 6	0 DAYS FROM	DATE
	OF THE	OPENIN	G OF CANVASS.				
	2) IN CA	SE THE I	MUNICIPALITY OF KAPALONG, DAVAO DEL N	ORTE WILL OFFI	CIALLY NOTI	FY THAT THE IT	TEMS WILL BE
	PRODUC	CED FRO	M MY/OUR ESTABLISHMENT, THE STOCKS A	RE READILY AVA	ILABLE OFF T	THE SHELF.	
	_	STABLI	SHMENT:				
	DRESS:						
IEL	. NO.:			-		CICNIATI	IDE
						SIGNATU	JNE
C4.	MVACC 17	v.		-		PRINTED N	IAME
CAI	VVASS B	1.	Signature Over Printed Name	-		POSITIO	DN

				HE PHILIPPINE OF KAPALONG avao del Norte			
				· ·		RFQ NO. PR No: Date: Page:	20221162 100-22-11-1407 11/22/2022 2/2
Sir/	Madam	:			Requestic	oning Office:	MDRRMO
REG WH AW BE G LAT	GULATIC ICH THE ARDS CO OFFICIA	ONS, PLE MUNIO OMMIT LLY NOT ERIES, L	E PERTINENT PROVISION OF REPUBLIC A FASE QUOTE YOUR UNIT, TOTAL AND G CIPALITY OF KAPALONG, DAVAO DEL NO TEE FIND YOUR PRICE REASONABLE, RE TIFIED AS TO THE DATE OF DELIVERY. IN LIQUIDATED DAMAGES SHALL BE IMPO	RAND/LOT PRIC ORTE DESIRES T ESPONSIVE AND I CASE THERE IS	CE OF THE I TO PURCHA LOWEST I S A FAILUR	ITEMS LISTEL ASE. SHOULD N THE MARK E OF DELIVER	O HEREUNDER, THE BIDS AND TET, YOU WILL BY AND/OR
tem	Qty.	Unit	Description	ABC	Unit	Total	Remarks &
No.	,		·		Price	Price	Date of Delivery
9	50	bots	Salbutamol plain 2mg/5ml syrup	38.00			
10	100	bots	Paracetamol drop (15ml)	35.00			
11	200	bots	Paracetamol syrup (250mg)	35.00			
12	20	boxes	Paracetamol tablet (500mg)	200.00			
13	100	bots	Dicycloverine (60ml)	40.00			
			TOTAL APPROVED BUDGET CONTRACT	99,440.00			
	SU	PPLIEI	R MUST SPECIFY/INDICATE				
I HE	BR.		NAMES UPON QUOTATION		(SGD.) MARY ELIZ BAC-Chair	ABITH L.EXALA person
	1) THE A OF THE 2) IN CA	ABOVE P OPENIN SE THE I	RICES OF THE ITEMS HEREIN DESCRIBED AR. G OF CANVASS. MUNICIPALITY OF KAPALONG, DAVAO DEL I M MY/OUR ESTABLISHMENT, THE STOCKS A	NORTE WILL OFFI	CIALLY NOT	IFY THAT THE I	
NAI	ME OF E	STABLI	SHMENT:	•			
ADI	ORESS:			_			
TEL. NO.:						SIGNAT	URE
CAN	IVASS B	BY:		-		PRINTED I	NAME
CAITEAGG DI.			Signature Over Printed Name	POSITION			

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