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

RFQ NO. *20230047*
PR No. *100-23-02-0183*
Date *2/14/2023*
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Sir/Madam:

Requestioning Office: **MDRRMO/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 No.	*Qty.*	*Unit*	*Description*	*ABC*	*Unit Price*	*Total Price*	*Remarks & Date of Delivery*
1	250	bot	Permethrin Lotion (60ml)	400.00			
			TOTAL APPROVED BUDGET CONTRACT	**100,000.00**			

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

CANVASS BY: _____
Signature Over Printed Name

POSITION