

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

RFQ NO. 20230201  
PR No. 100-23-03-0244  
Date 3/3/2023  
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Sir/Madam:

**Requesting Office: MSWDO**  
**WOMEN WELFARE PROGRAM**

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	10	sack	Rice	2,100.00			
2	2	sack	Brown Sugar	2,436.00			
3	10	gallon	Cooking Oil 18Ltrs.	1,836.00			
4	10	gallon	Soy Sauce	534.00			
5	10	box	Noodles 72's	654.00			
6	10	box	Instant Pancit Canton 72's	907.00			
7	10	gallon	Vinegar 4 Ltrs.	161.00			
8	100	pack	Odong 25's	20.00			
9	2	box	Sardines 100's 155 grms.	2,208.00			
10	2	box	Corned Beef 100's 160 grms.	4,100.00			
11	2	box	Beef Loaf 100's 150 grms.	2,228.00			
12	100	bar	Laundry Bar Soap	34.00			
13	10	dozen	Powder Laundry Soap grms.	96.00			
14	10	dozen	Bath Soap 60 grms.	240.00			
15	10	bag	3N1 Coffe 30's	290.00			
16	100	pack	Bihon 227 grms.	18.00			
17	20	dozen	Powder Milk 33 grms.	132.00			
			<b>TOTAL APPROVED BUDGET CONTRACT</b>	<b>99,964.00</b>			

**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



