

REPUBLIC OF THE PHILIPPINES MUNICIPALITY OF KAPALONG Province of Davao del Norte							
				RFQ NO.	20230362		
				PR No.	100-23-05-0450		
				Date	5/5/2023		
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Sir/Madam:				Requesting Office:		MO/MPOC	
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.							
tem No.	Qty.	Unit	Description	ABC	Unit Price	Total Price	Remarks & Date of Delivery
1	105	pax	Snacks 105pax x 2snacks x 50/snacks x 2days	50.00			
2	105	pax	Meals 105pax x 3meals x 200/meal x 2days	200.00			
			Menu: Day 1				
			Breakfast: Fried Chicken,Chorizo,Rice,Coffe				
			Snacks AM: Egg Sandwich & Softdrinks				
			Lunch: Pork Adobo,Lumpia, Rice,Fruits and Softdrinks				
			Snacks PM: Ensymada & Softdrinks				
			Dinner: Bihon Guisado,Chicken				
			Adobo,Rice and Softdrinks				
			Day 2				
			Breakfast: Longganisa,Pork Ribs Sarsado, Rice & Coffe				
			Snacks AM: Siopao & Softdrinks				
			Lunch: Pork Soup,Fish Fillet, Rice,Fruits & Softdrinks				
			Snacks PM: Burger & Softdrinks				
			Dinner: Humba, Pancit Guisado,				
			Rice and Softdrinks				
			TOTAL APPROVED BUDGET CONTRACT	147,000.00			
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:				POSITION			
Signature Over Printed Name							

