			REPUBLIC OF THE MUNICIPALITY		S		
			Province of Da				
					RFQ NO.		20230684
					PR No.		100-23-08-0845
					Date		8/2/2023 1/1
					Page		1/1
Sir/I	Madam.	•		Requestioning Office:			MHO-LGU KAPALONG
PUR	SUANT	ТО ТНЕ	PERTINENT PROVISION OF REPUBLIC ACT	NO. 9184 AND	IT'S IMPLEI	MENTING RU	LES AND
			EASE QUOTE YOUR UNIT, TOTAL AND GRAI				
			CIPALITY OF KAPALONG, DAVAO DEL NOR				
			TEE FIND YOUR PRICE REASONABLE, RESPO				
			TIFIED AS TO THE DATE OF DELIVERY. IN CA IQUIDATED DAMAGES SHALL BE IMPOSED				•
	URE TRA			AND DE CHAN	JLD AGAIN.	or room rae.	SENT ON
tem	Qty.	Unit	Description	ABC	Unit	Total	Remarks &
No.					Price	Price	Date of Delivery
1	100	bxs	Amoxicillin 500mg Cap.	350.00			
2	30	bxs	Cefalexin 500mg Cap.	370.00			
3	288	bxs	Paracetamol 250mg	60.00			
4	144	bxs	Dicycloverine syrup	50.00			
5	70	bxs	Paracetamol 500mg tab	100.00			
6	144	bxs	Paracetamol drops	55.00			
7	30	bxs	Citirizine 10mg tabs	100.00			
8	30	bxs	Dicycloverine 10mg tabs	100.00			
9	28	bxs	Ferrous w/ iron 500mg	250.00			
			TOTAL APPROVED BUDGET CONTRACT	99,500.00			
	SI	<i>UPPLI</i>	ERS MUST SPECIFY/INDICATE			•	•
			D NAMES UPON QUOTATION				
				J	(SGD.) MARY ELIZA	BETH L.EXALA
						, BAC-Chairp	
I HE	REBY CE	RTIFY:					
	1) THE A	BOVE P	PRICES OF THE ITEMS HEREIN DESCRIBED ARE	CURRENT AND V	ALID FOR 60	DAYS FROM D	DATE
			G OF CANVASS.				
	•		MUNICIPALITY OF KAPALONG, DAVAO DEL NO DM MY/OUR ESTABLISHMENT, THE STOCKS AR				MS WILL BE
	PNODUC	LED FNC	IN WITOUR ESTABLISHIVIENT, THE STOCKS AN	E KEADILT AVAIL	ABLE OFF IF	IE SHELF.	
NAI	ME OF E	STABLI	SHMENT:				
ADI	DRESS:			•			
TEL.	NO.:						
				•		SIGNATI	JRE
				•			
 	IVASS B	.,				PRINTED N	NAME

POSITION

Signature Over Printed Name