

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

RFQ NO. 20230725  
PR No. 100-23-08-0870  
Date 8/9/2023  
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Sir/Madam:

**Requesting Office: MSWDO/SLP**

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
<b>OTHER SUPPLIES AND MATERIALS</b>							
1	11	sack	Rice	2,100.00			
2	2	sack	Brown Sugar 50 kls.	2,436.00			
3	10	cont.	Cooking Oil 18 ltrs.	1,620.00			
4	10	cont.	Soy Sauce 18 ltrs.	534.00			
5	10	box	Noodle's 72's	654.00			
6	10	box	Instant Pancit Canton 72's	907.00			
7	10	gal	Vinegar 4 Liters	161.00			
8	2	box	Sardines 100's 155 grams	2,208.00			
9	2	box	Corned Beef 100's 160 grams	4,100.00			
10	2	box	Beef Loaf 100's 150 grams	2,228.00			
11	65	bar	Laundry Bar Soap	34.00			
12	15	doz.	Powder Laundry Soap 65 grams	78.00			
13	20	doz.	Bath Soap 60 grams	240.00			
14	10	bag	3 in 1 Coffee 30's	290.00			
15	72	pack	Bihon 440 grams	34.00			
16	20	doz.	Powder Milk 33 grams	132.00			
<b>TOTAL APPROVED BUDGET CONTRACT</b>				<b>99,972.00</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



