

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

RFQ NO. 20230785  
PR No. 100-23-08-0965  
Date 8/30/2023  
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Sir/Madam:

**Requesting Office: MHRMO**

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	pcs.	Black tonner cartridge (kyucera)	1,600.00			
2	200	pack	Paper cups 802 50's	62.00			
3	45	btl.	Sublimation Ink	260.00			
4	50	btl.	Alcohol 70% (500ml)	98.00			
5	20	pouch	Soap Powder with Fabric Conditioner 1.4 ltrs.	308.00			
6	32	piece	Toilet Deoderizer 100 Grams	54.00			
7	50	poll	Trash Bag xxl 10 pcs/roll	122.00			
8	50	bots.	Disposable Gloves	360.00			
9	20	piece	Detergent Bar	11.00			
10	15	can	Disinfectant liquid spray 510grams	636.00			
11	100	case	Bottled water 350ml 40's	352.00			
12	40	packs	Toilet Tissue twin ply 12 rolls/pack	110.00			
13	80	pack	Iced tea lemon 250grms.	292.00			
			<b>TOTAL APPROVED BUDGET CONTRACT</b>	<b>149,708.00</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



