			REPUBLIC OF THE MUNICIPALITY O Province of Dava	F KAPALONG	S		
				1	RFQ NO. PR No. Date Page		20240201 100-24-02-0247 2/28/2024 1/2
Sir/	Madam	:			Requestio	oning Office:	мно
REG WH AW BE G LAT	SULATIC ICH THE ARDS CO OFFICIA	ONS, PLE E MUNI OMMIT LLY NO ERIES, I	E PERTINENT PROVISION OF REPUBLIC ACT EASE QUOTE YOUR UNIT, TOTAL AND GRAI CIPALITY OF KAPALONG, DAVAO DEL NORT TEE FIND YOUR PRICE REASONABLE, RESPO TIFIED AS TO THE DATE OF DELIVERY. IN CA LIQUIDATED DAMAGES SHALL BE IMPOSED TIONS.	ND/LOT PRICE TE DESIRES TO ONSIVE AND LO ASE THERE IS A	OF THE ITE PURCHASE OWEST IN FAILURE C	MS LISTED H S. SHOULD TH THE MARKET, OF DELIVERY A	EREUNDER, IE BIDS AND , YOU WILL AND/OR
tem No.	Qty.	Unit	Description	ABC	Unit Price	Total Price	Remarks & Date of Delivery
1	4	BXS	Cotrimoxole 960mg (Tabs 100's)	264.00			
2	20	BOTS	Cotrimoxole Suspension (240mg/60ml)	24.00			
3	49	BXS	Amoxicillin 500mg(Caps /100's)	315.00			
4	80	BOTS	Amoxicillin 250mg/5ml Suspension 60ml	48.00			
5	2	bxs	Metformin 500mg(Tabs/100's)	132.00			
6	100	BOTS	Paracetamol 250mg/5ml/60ml	36.00			
7	10	BXS	(ORS)Oral Renydration Solutions 100's / tabs /25's Powder	132.00			
8	50	BXS	Lagundi 300mg/5ml Syrup 120ml	126.00			1
9	15	BXS	Lagundi 300mg(Tabs)	235.00			
10	50	BXS	Sulfur Ointment 30gms (Tube)/Silver Sulfudiazine 20g)	114.00			
11	40	BXS	Fusidate/Fucudic Acid ( Tube)	162.00			
12	50	BXS	Clotrimozole Cream 20g	84.00			
13	30	BXS	Miconazole Cream 30g	165.00			
14	100	BXS	Losartan 50mg (Tabs/100's)	200.00			<del> </del>
15	74	BXS	Losartan 100mg (Tabs/100's)	270.00			
16	2		Vitamin A 100,000 (Caps/100's)	756.00			
17	2	BOTS		798.00			
			CONTINUE TO THE NEXT PAGE	755.55			
	S	UPPLI	ERS MUST SPECIFY/INDICATE				
			D NAMES UPON QUOTATION		(SGD.)		BETH L.EXALA
	OF THE 2) IN CA PRODU	ABOVE P OPENIN SE THE I CED FRO	RICES OF THE ITEMS HEREIN DESCRIBED ARE CL G OF CANVASS. MUNICIPALITY OF KAPALONG, DAVAO DEL NOR IM MY/OUR ESTABLISHMENT, THE STOCKS ARE	TE WILL OFFICIA	ALLY NOTIFY	THAT THE ITE	ATE
ADI	ORESS:	STABL	SHMENT:				
TEL. NO.:			-		SIGNATU	JRE	
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CAN	IVASS E	BY:				PRINTED N	IAME

Signature Over Printed Name

POSITION

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ı				HE PHILIPPINES OF KAPALONG	•			
	Province of Davao del Norte							
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Sir/I	Madam	:			Requestioning Office:		МНО	
PUR	SUANT	то тні	E PERTINENT PROVISION OF REPUBLIC A	CT NO. 9184 ANI	O IT'S IMPI	LEMENTING R	ULES AND	
REG	ULATIO	NS, PLE	EASE QUOTE YOUR UNIT, TOTAL AND GE	RAND/LOT PRICE	OF THE IT	EMS LISTED H	EREUNDER,	
			CIPALITY OF KAPALONG, DAVAO DEL NO					
			TEE FIND YOUR PRICE REASONABLE, RE.					
			TIFIED AS TO THE DATE OF DELIVERY. IN LIQUIDATED DAMAGES SHALL BE IMPOS				•	
	URE TR	-		LU AND BE CHAI	IOLD AGA	mor room r	ILSENT ON	
tem	Qty.	Unit	Description	ABC	Unit	Total	Remarks &	
No.					Price	Price	Date of Delivery	
18	3	BXS	Doxycycline 100mg(Tabs /100's	246.00				
19	150	BXS	Amlodipine 10mg (Tabs /100's)	130.00			ļ	
20	166	bxs	Amlodipine 5mg (Tabs /100's)	120.00		<u> </u>		
21	6	bxs	Sambong 500mg (Tabs/100's)	552.00				
22	40	bots	Calamine Lotion 60ml	80.00				
23	30	bxs	Mefinamic Acid 50mg (caps/100's)	200.00		<u> </u>		
24	80	bots	Zinc Sulfate (syrup)	45.00				
25	30	bxs	Zinc Sulfate (drops)	41.00				
26	80	bots	Ferrus Sulfate (syrup)	41.00				
27	30	bots	Ferrus Sulfate (drops)	36.00				
28	3	bots	Ferrus Sulfate (tabs)	132.00				
29	5	vial	derivative	3,500.00			1	
30	10	vial	Insulin 70/30	1,200.00			†	
H			TOTAL APPROVED BUDGET CONTRACT	191,994.00				
一	SUI	PPLIE	R MUST SPECIFY/INDICATE	<del>                                     </del>			<u> </u>	
	BRA	AND I	NAMES UPON QUOTATION					
_			VIII.23 3. 3.1 Q3 3.1.1.1.1.1.1		(SGD	.) MARY ELIZ	ABITH L.EXALA	
					\ <del>-</del>	BAC-Chair		
I HE	REBY C	ERTIFY.	:					
	•		RICES OF THE ITEMS HEREIN DESCRIBED ARE	CURRENT AND VA	LID FOR 60	DAYS FROM DA	ATE	
	_	_	G OF CANVASS.	COTT WILL OFFICIA	Y V NOTIE	CTUAT THE ITE	AC MUL DE	
	•		MUNICIPALITY OF KAPALONG, DAVAO DEL N MM MY/OUR ESTABLISHMENT, THE STOCKS A				VIS WILL DE	
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Signature Over Printed Name

POSITION

CANVASS BY:

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