

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

RFQ NO. 20240398
 PR No. 100-24-05-0514
 Date 5/9/2024
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Sir/Madam:

**Requesting Office: MSWDO
 SOLO PARENT**

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
OTHER SUPPLIES AND MATERIALS							
1	8	sack	Rice 50 kls.	3,000.00			
2	2	sack	Brown Sugar 50 kls.	3,100.00			
3	4	cont.	Cooking Oil (18 liters)	1,620.00			
4	8	cont.	Soy sauce (18 liters)	990.00			
5	8	box	Noodle's 72's	702.00			
6	8	box	Instant Pancit Cantoan 72's	922.00			
7	12	gal.	Vinegar (4 liters)	161.00			
8	2	box	Sardines 100's 155 grms	2,139.00			
9	2	box	Corned Beef 100's 160 grms	4,340.00			
10	2	box	Beef Loaf 100's 150 grms	2,463.00			
11	40	bar	Laundry Bar Soap 360 G	26.00			
12	12	doz.	Powder Laundry Soap 65 grms	84.00			
13	20	doz.	Bath Soap 130 grms	648.00			
14	10	bag	3 IN 1 Coffee 30's	290.00			
15	60	pack	Bihon 400 grams	34.00			
16	20	doz.	Powder Milk 33 grms.	132.00			
TOTAL APPROVED BUDGET CONTRACT				99,996.00			

**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: _____
 Signature Over Printed Name

 POSITION

