

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

RFQ NO. 20240512
 PR No. 300-24-06-0637
 Date 6/6/2024
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Sir/Madam:

Requesting Office: **MDRRMO**

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	Folding beds (HS-63182n) 73"L x35"W)	1,800.00			
2	2	pcs	Water Dispenser (hot and cold)	7,000.00			
3	1	pcs	Potable Sound system	15,000.00			
4	2	pcs	Water Heater	1,500.00			
5	3	pcs	Portable gas stove set with LPG	6,500.00			
6	2	pcs	Cauldron	4,000.00			
7	2	pcs	Kawa	5,000.00			
8	2	pcs	Laddle Large	1,000.00			
9	1	pcs	Laddle medium	700.00			
10	1	pcs	Laddle small	500.00			
11	11	pcs	Gallon	250.00			
12	3	pcs	Butcher knife	700.00			
13	9	pcs	Kitchen knife	150.00			
14	4	pcs	Chopping Board	500.00			
15	10	pcs	Serving trays	300.00			
16	10	pcs	Serving spoons	30.00			
17	4	pcs	Cooking tong	50.00			
TOTAL APPROVED BUDGET CONTRACT				102,400.00			

**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

