

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

RFQ NO. 20240515  
PR No. 100-24-06-0647  
Date 6/7/2024  
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Sir/Madam:

**Requesting Office: SBO**

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	76	can	Air Freshener (280ml/can)	250.00			
2	504	sachet	Fabric Conditioner (40ml)	10.00			
3	51	bar	Detergent Bar, 360g	26.00			
4	51	pouch	Detergent Powder (1kl/pouch)	103.00			
5	100	pack	Anti Bacterial Soap (130g)	54.00			
6	25	bottle	Diswashing Paste (400g)	610.00			
7	50	can	Disinfectant Spray (510g)	636.00			
8	50	can	Furniture Cleaner (500ml)	281.00			
9	50	bottle	Toilet Bowl Cleaner (1000ml/bot)	328.00			
10	50	pack	Toilet Tissue (12roll/package)	102.00			
11	100	bottle	Rubbing Alcohol 70% (500ml)	98.00			
12	100	bag	Coffee 3 in 1 (30 sachet/bag)	290.00			
13	100	box	Bottled water (350ml/bot-40 bot/box)	352.00			
14	100	bag	Assorted Biscuits (10packs/bag)	70.00			
			<b>TOTAL APPROVED BUDGET CONTRACT</b>	<b>199,619.00</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

\_\_\_\_\_



