

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

RFQ NO. 20240543
 PR No. 100-24-06-0685
 Date 6/14/2024
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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	50	reams	Paper bond ,PPC, F4 210 mm x 330 mm, min. of 70gsm Paper bond, PPC ,A4 210mm x 297mm,	247.00			
2	110	reams	min. of 70gsm	224.00			
3	35	bottles	Ink Cyan 003	350.00			
4	35	bottles	Ink Magenta 003	350.00			
5	35	bottles	Ink yellow 003	350.00			
6	40	bottles	Ink Black 003	350.00			
7	25	bottles	Ink Cyan 001	350.00			
8	25	bottles	Ink Magenta 001	350.00			
9	25	bottles	Ink yellow 001	350.00			
10	30	bottles	Ink Black 001	350.00			
11	5	boxes	Correction Tape (12 pcs)	480.00			
12	5	boxes	PVC Cover 300mic, 217mm x 331mm	900.00			
13	200	pieces	Ring Binder	50.00			
14	205	packs	Vellum A4 size 10s	42.00			
TOTAL APPROVED BUDGET CONTRACT				150,000.00			

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

