

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

RFQ NO. 20240566
PR No. 100-24-06-0700
Date 6/19/2024
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Sir/Madam:

Requesting Office: MHRMO

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
Catering Services							
1	60	pax	Meals (4)	250.00			
2	60	pax	Snacks (8)	75.00			
		Day 1	Snacks AM; Special Muffins, juice in can				
			Lunch: Rice, Fish Fillet, Pork mechado, Fruits salad, softdrinks				
			Snacks PM: Wheat Bread, juice in can				
		Day 2	Snacks AM: Chicken sandwich, Softdrinks, Bottled water				
			Lunch: Rice, Kinilaw (bariles), Humba, Fruits, Softdrinks				
			Snacks PM: Siopao, juice in can				
		Day 3	Snacks AM: Empanada, Softdrinks				
			Lunch: Rice, Humba, Fish fillet, salad macaroni, softdrinks				
			Snacks PM: Wheat bread, juice in can, bottled water				
		Day 4	Snacks AM: Muffins, Softdrinks				
			Lunch: Chicken Inasal, chopsuey, softdrinks, fruits				
			Snacks PM: Fresh lumpia, softdrinks				
			TOTAL APPROVED BUDGET CONTRACT	96,000.00			

**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

