REPUBLIC OF THE PHILIPPINES MUNICIPALITY OF KAPALONG Province of Davao del Norte						
	RFQ NO.	20240830				
	PR No.	100-24-09-1025				
	Date	9/9/2024				
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Sir/Madam:

Requestioning Office: M.O/LEDIPO

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.

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tem	Qty.	Unit	Description	ABC	Unit	Total	Remarks &
No.					Price	Price	Date of Delivery
1	1	unit	Sofa set with center table (for talk	37,757.00			
-	-	unit	show set-up)	57,757.00			
2	50	meters	Pitchwell Cloth (black) 50m	110.00			
3	30	meters	Pitchwell Cloth (dark blue) 30m	110.00			
4	10	meters	Pitchwell Cloth (white) 10m	110.00			
5	10	meters	Synthetic Grass carpet (set com 2) 10m	250.00			
6	1	рс	Wooden Office Table	12,000.00			
7 1	1	рс	3 Roller Backdrop roller system	10,000.00			
	-		with crossbar tubes				
8	3	рс	Seamless backdrop cloth (9ft x 32ft)	3,300.00			
_		1	triple color	-,			
9	2	рс	Studio High Chair- width: 44cm, depth: 48cm, height: 107cm, seat	3,800.00			
10 2	2	2 22	Studio Segment Chair-width: 99cm,	12,600.00			
	_	р с	depth: 85cm, height: 88cm	,000100			
			TOTAL APPROVED BUDGET CONTRACT	114,857.00			
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

Signature Over Printed Name

POSITION

