

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

RFQ NO. 20240840  
PR No. 300-24-09-1041  
Date 9/11/2024  
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Sir/Madam:

**Requesting Office: KCAST**

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.

tem No.	Qty.	Unit	Description	ABC	Unit Price	Total Price	Remarks & Date of Delivery
1	100	hds	<b>Meals Day 1</b>	250.00			
			<b>Lunch:</b> Rice,Pork Humba, Chicken Adobo, Fruits, Softdrinks				
2	100	hds	<b>Snacks:</b>	75.00			
			<b>AM:</b> Mamon, Bottled Juice				
			<b>PM:</b> Siopao, Softdrinks				
3	100	hds	<b>Meals Day 2</b>	250.00			
			<b>Lunch:</b> Rice, Sweet and sour fish, Pork Adobo, Fruits, Softdrinks				
4	100	hds	<b>Snacks:</b>	75.00			
			<b>AM:</b> Mamon, Bottled Juice				
			<b>PM:</b> Black Pepper Burger, Softdrinks				
5	100	hds	<b>Meals Day 3</b>	250.00			
			<b>Lunch:</b> Rice, Chopsuey, Pork Adobo, Fruits, Softdrinks				
6	100	hds	<b>Snacks:</b>	75.00			
			<b>AM:</b> Mamon, Bottled Juice				
			<b>PM:</b> Siopao, Softdrinks				
			<b>TOTAL APPROVED BUDGET CONTRACT</b>	<b>120,000.00</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.:** \_\_\_\_\_

**CANVASS BY:** \_\_\_\_\_

Signature Over Printed Name

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
POSITION



