

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

RFQ NO. 20240844  
PR No. 100-24-09-1031  
Date 9/10/2024  
Page 1/1

Sir/Madam:

**Requesting Office: MHO**

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	20	pcs.	Pocket Knife w/ can opener	350.00			
2	20	pcs.	Flashlight/Penlight	200.00			
3	20	pcs.	Fire starter/lighter	100.00			
4	20	bxs	Fishbook & line	250.00			
5	20	pcs.	Whistle	45.00			
6	20	pcs.	Hand Towel (25x25cm)	60.00			
7	20	pcs.	Sleeping bag (xl)	1,660.00			
8	45	pcs.	Toothbrush	25.00			
9	43	pcs.	Toothpaste twin pack 22g (12's sachet)	15.00			
10	42	pcs.	Bath soap (25grams)	20.00			
11	42	pcs.	Shampoo 15 ml sachet (12's/twin pack)	10.00			
12	42	pcs.	Conditioner 12ml sachet (12's)	10.00			
13	15	pcs.	Back Pack (XL)	1,950.00			
14	50	packs	Tissue paper (80 sheets/8packs)	120.00			
15	50	packs	Wet wipes (10's) 160	160.00			
			<b>TOTAL APPROVED BUDGET CONTRACT</b>	<b>100,000.00</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.:** \_\_\_\_\_

SIGNATURE

PRINTED NAME

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

Signature Over Printed Name

POSITION

\_\_\_\_\_



