

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

RFQ NO. 20240859
 PR No. 100-24-09-1056
 Date 9/16/2024
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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	50	packs	Cotton Balls	85.00			
2	10	pieces	75% Isopropyl Alcohol	75.00			
3	15	boxes	MC Lance	420.00			
4	10	boxes	0.5mL EDTA Microtube	750.00			
5	10	boxes	5ml EDTA Vacutainer Tube	750.00			
6	3	pieces	Digital Timer	100.00			
7	2	boxes	5mL Vacutainer Tube (yellow Top)	750.00			
8	5	sets	Typing Sera (Anti-A & Anti-B)	900.00			
9	3	sets	AFB Stains Set	1,500.00			
10	1	boxes	Gram Stain Set	500.00			
11	5	bottles	4-Parameter Urine Reagent Strips	800.00			
12	10	bottles	10-Parameter Urine Reagent Strips	900.00			
13	300	packs	15 mL Test Tubes	22.00			
14	1	bottle	10% Protassium Hydroxide	350.00			
15	10	boxes	Micropore	500.00			
16	3	pieces	Puncture Proof Sharps Container (Red)	150.00			
17	3	boxes	Occult Blood Test Kit	500.00			
			TOTAL APPROVED BUDGET CONTRACT	64,500.00			

**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

