REPUBLIC OF THE PHILIPPINES								
MUNICIPALITY OF KAPALONG								
Province of Davao del Norte								
	RFQ NO.	20240922						
	PR No.	100-24-10-1133						
	Date	10/8/2024						
	Page	1/1						
Sir/Madam:	Requestioning 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 THE	ERE IS A FAILURE OF DELIVERY	AND/OR						
LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND B	BE CHARGED AGAINST YOUR P	RESENT OR						
FUTURE TRANSACTIONS.								

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tem	Qty.	Unit	Description	ABC	Unit	Total	Remarks &
No.					Price	Price	Date of Delivery
1	1	unit	Micro Computer	20,000.00			
2	1	unit	Printer L3110 Head	6,000.00			
3	1	unit	55 inches kiosk touch sensor	26,000.00			
4	1	unit	Acrylic glass 4x8	6,000.00			
5	2	unit	SSD 250GB	3,450.00			
6	2	unit	HDD 1TB	3,500.00			
7	1	unit	Computer case	2,000.00			
8	1	unit	Power Supply 750W	3,500.00			
9	1	unit	Computer Motherboard	7,495.00			
10	1	unit	Computer CPU	8,995.00			
11	1	unit	RAM 8GB	3,500.00			
12	1	unit	Core i3-10105 with intel HD Graphics	26,000.00			
			10TH Gen Motherboard				
			8GB(1x8GB)DDR4 2666				
			240GB SSD				
			1TB HDD				
			550W 80+Bronze power supply				
			ATX Case				1
			TOTAL APPROVED BUDGET CONTRACT	123,390.00			1
			ERS MUST SPECIFY/INDICATE				<u>.</u>

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

CANVASS BY:

Signature Over Printed Name

POSITION

PRINTED NAME

1