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

RFQ NO.	*20241054*
PR No.	*100-24-11-1314*
Date	*11/8/2024*
Page	*1/1*

Sir/Madam: ***Requestioning 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	7	bxs	Albendazole 400mg/100's	1,370.00			
2	30	bxs	Mupirocin 5g	168.00			
3	60	bots	Ketoconazole 15mg	107.00			
4	30	bxs	Silver Sulfadiazine 10mg/20g	113.00			
5	30	bots	Fucidic Acid 20mg/10g	284.00			
6	10	bxs	Telmesartan+Amlodipine 40mg/5mg (30's)	1,100.00			
7	10	bxs	Co-Amoxiclav 625mg 20's	467.00			
8	50	bxs	Amoxicillin 250mg/5ml/60ml	37.00			
9	8	bxs	Cetirizine 10mg/tab 100's	67.00			
10	20	bots	Cetirizine 10mg/5ml/60ml	46.00			
11	20	bxs	Mefinamic Acid 500mg (Caps/100's)	110.00			
12	20	bxs	Paracetamol 500mg/tabs 100's	118.00			
13	50	bots	Paracetamol 250mg/5ml 60ml	30,270.00			
14	98	bots	Permithrin lotion 30ml	256.00			
15	8	bxs	Dicycloverine 10mg/tabs 100's	280.00			
16	3	bxs	Doxycycline 100mg/caps 100s				
			TOTAL APPROVED BUDGET CONTRACT	**87,344.00**			

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