

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

RFQ NO. 20250183  
 PR No. 100-25-03-0262  
 Date 4/3/2025  
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Sir/Madam:

**Requesting Office:**

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	100	bxs.	Paracetamol 500mg tab	145.00			
2	30	bxs.	Cefalexin 500mg cap	350.00			
3	100	bots	Paracetamol 250mg Syrup	55.00			
4	100	bots	Paracetamol drops	45.00			
5	50	bxs.	Mefenamic Cap 500mg	110.00			
6	50	bxs.	Multivitamins + Iron	125.00			
7	30	bxs.	Cetirizine 10mg (tab)	120.00			
8	30	bxs.	Dicycloverine 10mg (tab)	130.00			
9	100	bxs.	Amlodipine 5mg	105.00			
10	100	bxs.	Amlodipine 10mg	130.00			
11	150	bxs.	Losartan 50mg	150.00			
12	100	bxs.	Losartan 100mg	255.00			
13	50	bxs.	Amoxicilin 500mg cap	350.00			
14	70	ampule	Tetanus Toxoid 0.5ml	125.00			
			<b>TOTAL APPROVED BUDGET CONTRACT</b>	<b>152,000.00</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



