

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

RFQ NO. 20250221
PR No. 100-25-03-0258
Date 3/3/2025
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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	5	gals.	PROVIDONE 10%	1,750.00			
2	3	gals.	PROVIDONE 7%	2,000.00			
3	6	bxs.	STERILE GLOVES (size 7-8)	1,550.00			
4	100	bxs.	FACE MASK	270.00			
5	50	bags	COTTON BALLS (300)	90.00			
6	30	roll	COTTON ROLL 150grams	250.00			
7	20	bxs.	SURGICAL BLADE No. 11	1,350.00			
8	5	gals.	DISINFECTANT - LYZOL	2,550.00			
9	10	pcs	NEBULIZING KIT PEDIA	300.00			
10	10	pcs	NEBULIZING KIT ADULT	350.00			
11	4	bxs.	GAUZE ROLL 3PLY	2,000.00			
12	10	bxs.	MICROPORE 3M- SURGICAL TAPE	750.00			
13	10	pcs	NEBULIZING KIT PEDIA	300.00			
14	10	pcs	NEBULIZING KIT ADULT	350.00			
15	3	bxs.	SYRINGE 3 cc	850.00			
16	3	bxs.	SYRINGE 1 cc	750.00			
17	2	bxs.	PREGNANCY TEST	2,500.00			
18	20	gals.	ALCOHOL 70%	600.00			
			TOTAL APPROVED BUDGET CONTRACT	153,100.00			

**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

