

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

RFQ NO. 20250228  
PR No. 100-25-03-0321  
Date 03/19/2025  
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**Requesting Office: MENRO/  
ESWMP**

Sir/Madam:

*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
			DAY 1				
1	55	pax	SNACKS (AM)	70.00			
			MENU: LOMI W/ SLICE BREAD AND JUICE				
2	55	pax	LUNCH	250.00			
			MENU: PORK KARE-KARE, PINAKBET, RICE, FRUITS AND JUICE				
3	55	pax	SNACKS (PM)	70.00			
			MENU: SPECIAL KAKANIN AND JUICE				
4	55	pax	DINNER	250.00			
			MENU: RICE, PORK AFRITADA, SALAD EGGPLANT RICE, FRUITS AND JUICE				
			DAY 2				
5	55	pax	BREAKFAST	220.00			
			MENU: CORNED BEEF, AMAPALAYA W/EGG RICE AND Coffee				
6	55	pax	SNACKS (AM)	70.00			
			SPECIAL KAKANIN AND COFFE				
7	55	pax	LUNCH	220.00			
			MENU: CHICKEN CURRY, VEGETABLES (MONGGO W/ KALABASA ) RICE AND JUICE				
8	55	pax	SNACKS	70.00			
			MENU: ARROZ CALDO AND JUICE				
			<b>TOTAL APPROVED BUDGET CONTRACT</b>	<b>67,100.00</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  
\_\_\_\_\_  
POSITION

**CANVASS BY:** \_\_\_\_\_  
Signature Over Printed Name



