

REPUBLIC OF THE PHILIPPINES

MUNICIPALITY OF KAPALONG

Province of Davao del Norte

RFQ NO. 20250318
PR No. 100-25-05-0444
Date 8/5/2025
Page 1/1

Requesting Office: MSWDO/WWM
P

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
1	20	sack	RICE 50 KLS.	3,000.00			
2	1	sack	BROWN SUGAR 50 KLS	3,450.00			
3	10	gallon	COOKING OL 18 LTRS	1,620.00			
4	10	box	SOY SAUCE 200 ML. 60'S	590.00			
5	10	box	NOODLES 72'S	702.00			
6	10	box	INSTANT PANCIT CANTON 72'S	922.00			
7	10	box	VINEGAR 200 MLX 60'S	480.00			
8	9	pack	ODONG 25'S	20.00			
9	2	box	SARDINES 100'S 155 GRAMS	2,139.00			
10	1	box	CORNED BEEF 100'S 160 GRAMS	4,340.00			
11	1	box	BEEF LOAF 100'S 150 GRAMS	2,463.00			
12	99	bar	DETERGENT BAR 140 GRAMS	11.00			
13	10	dozen	DETERGENT POWDER 65 GRAMS 12'S	84.00			
14	10	dozen	BATH SOAP 60 GRAMS 12'S	84.00			
15	10	bag	3 IN 1 COFFEE 30'S	290.00			
16	100	pack	BIHON 227 GRAMS	18.00			
17	10	dozen	POWDER MILK 33 GRAMS 12'S	132.00			
			TOTAL APPROVED BUDGET CONTRACT	100,000.00			

**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

