REPUBLIC OF THE PHILIPPINES MUNICIPALITY OF KAPALONG Province of Davao del Norte RFQ NO. 20250467 PR No. 100-25-06-0600 06/18/2025 Date Page 1/1 Sir/Madam: Requestioning Office: мно 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. Description ABC tem Qty. Unit Date of Delivery No. Price Price box LATEX EXAMINATION GLOVES (MEDIUM) 1 50 350.00 95.00 2 30 packs COTTON BALLS 30 75 % ISOPROPHYL ALCOHOL 180.00 3 aal. 4 10 box 195.00 MC LANCE 20 box 0.5mL EDTA microtube 508.00 **3mL EDTA VACUTAINER TUBE** 520.00 6 30 **DIGITAL TIMER** 100.00 8 550.00 1 5mL VACUTAINER TUBE(YELLOW TOP) box TYPING SERA(ANTI-A & ANTI-B, ANTI-D 9 10 set 1,800.00 AFB STAINS SET 10 5 set 1,500.00 500.00 11 box **GRAM STAIN SET** 4-PARAMETER URINE REGEANT STRIPS 490.00 12 10 bot. 10 PARAMETER URINE REGEANT STRIPS 5 bot. 900.00 5ML PLAIN TUBE (RED TOP) 510.00 14 30 packs 15 3 bot. MICROHEMATOCRIT TUBES 160.00 MICROPORE (12'S) 16 10 500.00 box **EVECUATED TUBE SYSTEM NEEDLE** 500.00 17 set WITH ADAPTER OCCULT BLOOD TEST KIT 500.00 18 1 box box FACE MASKS 19 30 75.00 POVIDONE IODINE (ANTISEPTIC 800.00 20 3 aal. SOLUTION) ABBOT DETERMINE HbsAG 21 2 2,500.00 box **ABBOT SYPHILIS 3.0** 2,500.00 22 3 box 129,340.00 TOTAL APPROVED BUDGET CONTRACT 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

Signature Over Printed Name

CANVASS BY:

PRINTED NAME

POSITION