							-
			Republic of the Pl MUNICIPALITY OF R				
			Province of Davao				
					Quotatior	n No.	20210210
					PR No.		100-21-04-0265
					Date		4/7/2021
			_		Page		1/2
Sir/N	Лadam):			Requesitio	oning Office	MAYORS OFFICE
REGE WHI AWA BE C LATE	ULATIC CH THE ARDS C PFFICIA E DELIV	ONS, PLE, E MUNIC OMMITT LLY NOT ERIES, LI	PERTINENT PROVISION OF REPUBLIC ACT NO ASE QUOTE YOUR UNIT, TOTAL AND GRAND, IPALITY OF KAPALONG, DAVAO DEL NORTE I TEE FIND YOUR PRICE REASONABLE, RESPON IFIED AS TO THE DATE OF DELIVERY. IN CASE QUIDATED DAMAGES SHALL BE IMPOSED A	/LOT PRICE OF DESIRES TO PU SIVE AND LOW THERE IS A FA	THE ITEN IRCHASE. IEST IN TH NILURE OF	MS LISTED H SHOULD TI HE MARKET DELIVERY	IEREUNDER, HE BIDS AND T, YOU WILL AND/OR
FUT	JRE TR	ANSACT	IONS.				
Item	Qty.	Unit	Description	ABC	Unit	Total	Remarks &
No.					Price	Price	Date of Delivery
1	175	bots	Amoxicillin 250mg/60ml suspension	45.00			
2	150	boxes	Paracetamol 500mg tab	40.00			
3	120	bots	Paracetamol 250mg/60ml/syp	35.00			
4	100	bots	Paracetamol drops 15ml	21.00			
5	130	boxes	Metformin 500mg capsule	350.00			
6		bots	Erythtromycin 200mg/5mg granules/60ml	65.00			
7	250	bots	Amoxicillin Drops 100mg/10ml	35.00			
8	80	boxes	Cotrimoxazole 800/160/mg tablet	150.00			
9	250	bots	Cotrimoxazole 400/80mg 5ml suspension	55.00			
			Cont. next page				
	SU	PPLIER	S MUST SPECIFY/INDICATE				
	BR	AND N	AMES UPON QUOTATION				
	DEDV 6	SEDTIEN.			MARY E	E LIZABETH BAC-Cha	
I HEI	1) THE OF THI 2) IN C	E OPENIN ASE THE	PRICES OF THE ITEMS HEREIN DESCRIBED ARE CL IG OF CANVASS. MUNICIPALITY OF KAPALONG, DAVAO DEL NOR' DM MY/OUR ESTABLISHMENT, THE STOCKS ARE	TE WILL OFFICIA	LLY NOTIF	Y THAT THE	
NAN	1E OF E	STABLIS	SHMENT:				
	RESS:						
TEL.	NO.:						
				-		SIGNA	TURE
				-		PRINTED	NAME
CAN	VASS E	3Y:		<u>-</u>			
			Sianature Over Printed Name	_		POSI	TION

			MUNICIPALITY OF Province of Dava				
			Province of Davad		Quotation	a No	20210210
				_	PR No.	TIVO.	100-21-04-0265
				•	Date		4/7/2021
				-			1/2
					Page		1/2
Sir/N	1adam	:			Requesitio	oning Office:	MAYORS OFFICE
PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAN WHICH THE MUNICIPALITY OF KAPALONG, DAVAO DEL NORT AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CALATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED FUTURE TRANSACTIONS. Item Qty. Unit Description 10 100 boxes Ibuprofen 500mg capsule 11 80 Boxes Multivitamins + iron capsule 12 125 boxes Amoxicillin 500mg capsule 13 110 boxes Ciprofloxacin 500mg tablet 14 139 boxes Salbutamol Tablet				D/LOT PRICE OF THE ITMES LISTED HEREUNDER, DESIRES TO PURCHASE. SHOULD THE BIDS AND ISIVE AND LOWEST IN THE MARKET, YOU WILL E THERE IS A FAILURE OF DELIVERY AND/OR			
			Total Approved Budget Contract	200,000.00			
			S MUST SPECIFY/INDICATE AMES UPON QUOTATION]	MA	ΔRV FI 17ΔR	ETH L. EXALA
					IVIA	BAC-Cha	
I HEI	1) THE OF THE 2) IN C	E OPENIN ASE THE	PRICES OF THE ITEMS HEREIN DESCRIBED ARE C IG OF CANVASS. MUNICIPALITY OF KAPALONG, DAVAO DEL NO IM MY/OUR ESTABLISHMENT, THE STOCKS ARE	RTE WILL OFFICIA	ALLY NOTIF	O DAYS FROM	M DATE
NAN	1E OF E	STABLIS	HMENT:	-			
ADD	RESS:			_			
TEL.	NO.:			- ■ .			
				-		SIGNA	TURE
				PRINTED NAME			
CANVASS BY:		BY:	Signature Over Printed Name		POSITION		