

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

Quotation No. 20210798  
 PR No. 100-21-07-0621  
 Date 7/22/2021  
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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.

tem	Qty.	Unit	Description	ABC	Unit	Total Price	Remarks & Date of Delivery
1	8	roll	Hospital Guaze 36 x 100	2,800.00			
2	4	gals	Providone 7.5%	1,600.00			
3	10	gals	Alcohol 70%	650.00			
4	50	bags	Cotton (300balls)	91.00			
5	70	bxs	Band Aid	75.00			
6	50	pack	Battery (2AA) by 4	207.00			
			<b>TOTAL APPROVED BUDGET CONTRACT</b>	<b>55,450.00</b>			

**SUPPLIERS MUST SPECIFY/INDICATE  
 BRAND NAMES UPON QUOTATION**

**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