

Standard Form Number SF-G0003-49

Republic of the Philippines
LOCAL GOVERNMENT UNIT OF GUBAT
Manook St., Gubat, Sorsogon

Notice of Award

May 16, 2023

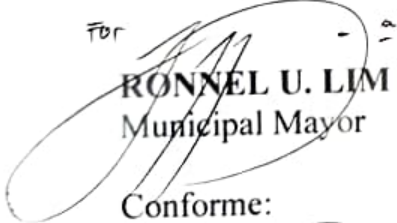
MS. ROSE CINDIC A. ERESTAIN
UNIMEDS DRUGSTORE
Brgy. Macabog, West District
Sorsogon City

Dear Madam:

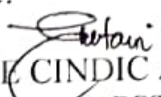
We are happy to notify you that your Bid dated May 11, 2023 or execution of the **Purchase of Glucometer and BP Apparatus ANEROID for Municipal Health Office use, with reference no. PR838**, for the Contract Price of equivalent to **TWO HUNDRED NINETEEN THOUSAND SEVEN HUNDRED NINETY-EIGHT PESOS (P219,798.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

You are hereby required to provide within ten (10) days the performance security in the form and the amount stipulated in the Instructions to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

For 
RONNEL U. LIM
Municipal Mayor

Conforme:


MS. ROSE CINDIC A. ERESTAIN
UNIMEDS DRUGSTORE

Date: May 17, 2023

NOTICE TO PROCEED

May 18, 2023

MS. ROSE CINDIC A. ERESTAIN
UNIMEDS DRUGSTORE
Brgy. Macabog, West District
Sorsogon City

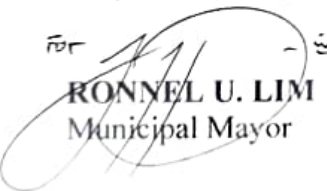
Dear Madam:

The attached Contract Agreement having been approved, notice is hereby given to - UNIMEDS DRUGSTORE that work may commence on the **Purchase of Glucometer and BP Apparatus ANEROID for Municipal Health Office use, with reference no. PR838**, effectively three days after the receipt of this notice.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Local Government Unit of Gubat.

Very truly yours,


RONNEL U. LIM
Municipal Mayor

I acknowledge receipt of this Notice on May 22, 2022

Name of the Representative of the Bidder: MS. ROSE CINDIC A. ERESTAIN

Authorized Signature: 

Supplier	: UNIMEDS DRUGTORE (/)	P.O. No.	: 1905
Address	: SORSOGON CITY	Date	: MAY 17 2023
E-mail Address	:	Mode of Procurement	
Telephone No.	:	Public Bidding	
TIN	:		

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery	: LGU-Gubat, Sorsogon	P.O. No.	:
Date of Delivery	:	Date	:

Stock No.	Unit	DESCRIPTION	QTY.	Unit Cost	Amount
1	pcs	Glucometer ()	57	2,394.00	136,458.00
2	pcs	BP Apparatus ANEROID ()	60	1,389.00	83,340.00

TWO HUNDRED NINETEEN THOUSAND SEVEN HUNDRED NINETY EIGHT PESOS ONLY

219,798.00



In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one(1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme:

Rose Cimola A. Erastain
ROSE CIMOLA A. ERASTAIN
UNIMEDS DRUGTORE

Signature over printed name of Supplier

Date

For

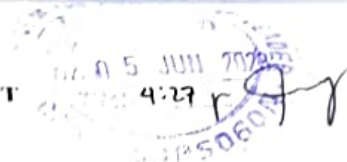
Rommel U. Lim
RONNEL U. LIM
Municipal Mayor

Funds Available:

AVA E. OBRIQUE
Municipal Accountant

ALOB. No. : _____
Amount : _____

Republic of the Philippines
LOCAL GOVERNMENT UNIT OF GUBAT
Manook St., Gubat, Sorsogon



CONTRACT FORM

THIS AGREEMENT made this 17th day of May, 2023 between **THE LOCAL GOVERNMENT UNIT OF GUBAT** of the Philippines (hereinafter called "the Entity") of the one part and **UNIMEDS DRUGSTORE** (hereinafter called "the Supplier") of the other part:

Whereas the Entity invited Bids for certain goods, viz., **Purchase of Glucometer and BP Apparatus ANEROID for Municipal Health Office use, with reference no. PR838**, and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **TWO HUNDRED NINETEEN THOUSAND SEVEN HUNDRED NINETY-EIGHT PESOS (₱219,798.00)** hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:
 - (a) the Bid Form and the Price Schedule submitted by the Bidder; and
 - (b) the Entity's Notification of Award.
3. In consideration of the payments to be made by the Entity to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Entity to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
4. The Entity hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the time and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

Signed, sealed, delivered to **RONNEL U. LIM**, the **MUNICIPAL MAYOR** of the **LOCAL GOVERNMENT UNIT OF GUBAT** (for the Entity)

Signed, sealed, delivered by **ROSE CINDIC A. ERESTAIN**, authorized representative of the **UNIMEDS DRUGSTORE**, (for the Supplier)

Binding Signature of PROCURING ENTITY

For

RONNEL U. LIM
Municipal Mayor

Rose Cindic A. Erestain
ROSE CINDIC A. ERESTAIN
Representative

SIGNED IN THE PRESENCE OF:

[Signature]

[Signature]

REPUBLIC OF THE PHILIPPINES)
Province of Sorsogon)S.S.
X-----)

ACKNOWLEDGEMENT

Before me, Notary Public for and in the Municipality of Gubat, personally appeared **RONNEL U. LIM**, with Community Tax Certificate No. _____ issued on _____ at Gubat, Sorsogon in his capacity as Municipal Mayor representing the Municipality of Gubat and **UNIMEDS DRUGSTORE**, represented by **ROSE CINDIC A. ERESTAIN**, with TIN No. 130-456-748-000, to me and known to me to be the same persons who executed the foregoing **CONTRACT AND AGREEMENT for Purchase of Glucometer and BP Apparatus ANEROID for Municipal Health Office use, with reference no. PR838**, and they acknowledge to me are their true act and deed for and in behalf of the parties they represent.

This instrument consists of two pages including this page on which the acknowledgment is written duly signed by the contracting parties and their witnesses at the bottom of the instrument on the left margin of other page.

IN WITNESS WHEREOF, I hereby affixed my signature and seal this **MAY 17 2023** day of _____, 2023.

Doc. No. 496
Page No. 100
Book No. CLII
Series of 2023.

Notary Public **ATTY. JOEL E. FULGUERAS**
Notary Public Sorsogon Until Dec. 31, 2023

Roll No. 63054

Notarial Commission No. 2021-11/047

IBP Lifetime No. 015624 01-06-2017 Pasig City

PTR No. 0600653 01-03-2023 PTO Sorsogon

MCLE COMPLIANCE No. VII-0000954 09-26-2019 Pasig City