

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

**Notice of Award**


June 22, 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 June 08, 2023 on execution of the **Albendazole to be used for Deworming/Soil-transmitted Helminthiasis Program with reference no. PR 901**, for the Contract Price of equivalent to **EIGHTY-SIX THOUSAND PESOS (Php86,000.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

Very truly yours,

  
**RONNEL U. LIM**  
Municipal Mayor

Conforme:

  
**ROSE CINDIC A. ERESTAIN**  
UNIMEDS DRUGSTORE  
Date: \_\_\_\_\_

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

**NOTICE TO PROCEED**

June 27, 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 **Albendazole to be used for Deworming/Soil-transmitted Helminthiasis Program with reference no. PR 901** effectively 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 \_\_\_\_\_

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

Authorized Signature:  \_\_\_\_\_

**PURCHASE ORDER (SF-GOOD-58)**  
**Local Government Unit - Gubat, Sorsogon**

901

Supplier	: <b>UNIMEDS DRUGTORE</b> (/)	P.O. No.	: <u>1992</u>
Address	: <b>SORSOGON CITY</b>	Date	: <b>JUN 26 2023</b>
E-mail Address	:	Mode of Procurement	
Telephone No.	:	<b>Small Value Procurement (NP)</b>	
TIN	:		

Gentlemen:

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

Place of Delivery	:	P.O. No.	:
Date of Delivery	:	Date	:


Stock No.	Unit	DESCRIPTION	QTY.	Unit Cost	Amount
1	pcs	Albendazole 400mg ()	12500	6.88	86,000.00

**EIGHTY SIX THOUSAND PESOS ONLY**

\*\*\*\*\*  
**86,000.00**



Very truly yours,

  
**RONNEL U. LIM**  
Municipal Mayor

Conforme;

  
**UNIMEDS DRUGTORE**

Signature over printed name of Supplier

Date

Funds Available: