

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

**Notice of Award**

December 05, 2023

**MARIO M. BALMADRES**  
**FSB PHARMA TRADING**  
77B Naguilian Road Baguio City 2600

Dear Sir:


We are happy to notify you that your Bid dated December 04, 2023 or execution of the **Medical supplies for MHO use with reference no. PR 1561**, for the Contract Price of equivalent to **ONE HUNDRED THIRTY-ONE THOUSAND NINETY PESOS (Php131,090.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

Very truly yours,



**RONNEL U. LIM**  
Municipal Mayor

Conforme:



**MARIO M. BALMADRES**  
**FSB PHARMA TRADING**  
Date: \_\_\_\_\_

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

**NOTICE TO PROCEED**

December 07, 2022

**MARIO M. BALMADRES**  
**FSB PHARMA TRADING**  
77B Naguilian Road Baguio City 2600


Dear Sir:

The attached Contract Agreement having been approved; notice is hereby given to **FSB PHARMA TRADING**, that work may commence on the **Medical supplies for MHO use with reference no. PR 1561** 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: **MARIO M. BALMADRES**

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

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

1561

Supplier	: <b>FSB PHARMA TRADING</b> (/)	P.O. No.	: <u>2509</u>
Address	: <b>Baguio City</b>	Date	: _____
E-mail Address	: _____	Mode of Procurement	: _____
Telephone No.	: _____		
TIN	: _____		

Gentlemen:

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

Place of Delivery	: <u>LGU Gubat</u>	P.O. No.	: _____
Date of Delivery	: _____	Date	: _____

Stock No.	Unit	DESCRIPTION	QTY.	Unit Cost	Amount
1	bottles	Disinfectant spray ()	12	330.00	3,960.00
2	boxes	Disposable Surgical Masks ()	100	250.00	25,000.00
3	gal	Ethyl Alcohol 70%, 1 Gallon solution ()	10	500.00	5,000.00
4	bottles	Ethyl Alcohol 70%, 500 mL solution bottle ()	150	54.95	8,242.50
5	boxes	Glass slides, frosted, 72's ()	12	150.00	1,800.00
6	boxes	Glass Slides, plain, 72's ()	12	60.00	720.00
7	bottles	Medical Instrument Disinfectant solution, 1 gallon bottle ()	2	2,000.00	4,000.00
8	bottles	Microhematocrit Capillary tube, 100's, Na Heparinized ()	12	200.00	2,400.00
9	pcs	Microhematocrit Tube sealer ()	2	360.00	720.00
10	boxes	Micropore, 1 inch 3m (hypoallergenic) x 12's ()	5	600.00	3,000.00
11	gal	Povidone Iodine 10%, 1 gallon solution ()	5	599.50	2,997.50
12	boxes	Rapid Screening Test for syphilis, 50's ()	10	2,250.00	22,500.00
13	boxes	Rapid Screening Test Hepa B and C (25's test/box) ()	10	2,000.00	20,000.00
14	boxes	Strips Glucosure Autocode, 50's ()	10	1,280.00	12,800.00
15	boxes	Surgical gloves, size 7.5; x 50's ()	10	1,195.00	11,950.00
16	pcs	Urine Containers sterile ()	600	10.00	6,000.00

ONE HUNDRED THIRTY ONE THOUSAND NINETY PESOS ONLY

\*\*\*\*\*  
131,090.00

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.


Conforme;

  
**FSB PHARMA TRADING**

Signature over printed name of Supplier

Date

Very truly yours,

  
**RONNEL U. LIM**  
 Municipal Mayor

Funds Available:

**AVA E. OBRIQUE**  
 Municipal Accountant

ALOB. No. : \_\_\_\_\_

Amount : \_\_\_\_\_