Standard Form Number: SF-GOOD-49

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

Notice of Award

January 11, 2024

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 January 08, 2024 or execution of the Albendazole for Deworming/ Soil Transmitted Helminthiasis Program for the month of January with reference no. PR 1628, for the Contract Price of equivalent to ONE HUNDRED TWELVE THOUSAND TWO HUNDRED PESOS (Php112,200.00) 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

January 11, 2024

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 for Deworming/ Soil Transmitted Helminthiasis Program for the month of January with reference no. PR 1628 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.

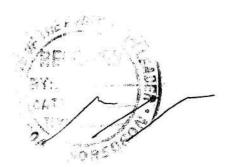
Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Local Government Unit of Gubat.

Nonnel U. LIM
Municipal Mayor

							1020
Supplie	·r	:	UNIMEDS DRUGTORE	P.O. No.	:	2626	
Addres	S	:	SORSOGON CITY	Date		and the second second	
E-mail Address		:		Mode of Procurement			
Telepho	one No.	:					
TIN		:					
Gentler		nisł	this office the following articles sub	ject to the tern	ns and cond	litions containe	d herein:
Place of Delivery		7	: LGU Gubat	P.O. No.	:		
Date of	Delivery			Date	:		
Stock No.	Unit		DESCRIPTION		QTY.	Unit Cost	Amount
1	pes	•	Albendazole 400mg ()		16500	6.80	112,200.00
1000000							******

ONE HUNDRED TWELVE THOUSAND TWO HUNDRED PESOS ONLY

112,200.00



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:

UNIMEDS DRUGTORE

Signature over printed name of Supplier

Date

Funds Available:

AVA E. OBRIQUE

ALOBS. No.

Amount

OBS. NO.