

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.

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**

**1628**

Supplier	: UNIMEDS DRUGTORE (/)	P.O. No.	: 2626
Address	: SORSOGON CITY	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	: LGU Gubat	P.O. No.	:
Date of Delivery	:	Date	:

Stock No.	Unit	DESCRIPTION	QTY.	Unit Cost	Amount
1	pcs	Albendazole 400mg (/)	16500	6.80	112,200.00

**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,

**HONNEL U. LIM**  
Municipal Mayor

Conforme:

**UNIMEDS DRUGTORE**  
Signature over printed name of Supplier

Date

Funds Available:

**AVA E. OBRIQUE**

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