Standard Form Number: SF-GOOD-49

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

## **Notice of Award**

April 18, 2023

JOHN MECHO E. UY
GUBAT-AUTOCARE VEHICLE PREVENTIVE MAINTENANCE SERVICES
Ariman, Gubat, Sorsogon

Dear Sir:

We are happy to notify you that your Bid dated April 17, 2023 or execution of the Repair and maintenance for HI ACE Ambulance with reference no. PR 1632, for the Contract Price of equivalent to SIXTY-THREE THOUSAND SEVEN HUNDRED FIFTY PESOS (Php63,750.00), as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

Very truly yours,

RONNEL U. LIM Municipal Mayor

Conforme:

JOHN MECHO E. UY

GUBAT-AUTOCARE VEHICLE PREVENTIVE MAINTENANCE SERVICES

Date: APR 1 8 2023 4

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

## NOTICE TO PROCEED

APRIL 20, 2023

JOHN MECHO E. UY
GUBAT-AUTOCARE VEHICLE PREVENTIVE MAINTENANCE SERVICES
Ariman, Gubat, Sorsogon

Dear Sir:

The attached Contract Agreement having been approved; notice is hereby given to GUBAT-AUTOCARE VEHICLE PREVENTIVE MAINTENANCE SERVICES, that work may commence on the Repair and maintenance for HI ACE Ambulance with reference no. PR 1632 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, NONNEL U. LIM Municipal Mayor

I acknowledge receipt of this Notice on APR 2 0 2023

Name of the Representative of the Bidder: JOHN MECHO E. UY

Authorized Signature:

Supplier	:	GUBAT-AUTOCARE VEHICLE  MREVENTIVE MAINTENANCE	P.O. No.	:	26	11		or o company and the second se
Address	:	Ariman, Gubat, Sorsogon	Date Mode of Pr	:		19	2023	4
E-mail Address Telephone No.		:	Mode of 11	P)				
TIN	-:							
2								
Gentlemen: Please for Place of Deliver Date of Deliver	ry	n this office the following articles s	DO No	-				l herein:

In case of failure to make the full delivery within one(1) percent for every day of delay shall be imposed.  Conforme; CHIRRELYN C. UY  T-AUTOCARE VEHICLE PREVENTIVE MAINTEN.  Signature over printed name of Supplier	Very truly yours,  Very truly yours,  Municipal Mayor	
Date		
Funds Available:	ALOBS. No. :	
AVA E. OBRIQUE  Municipal Accountant	Amount :	