

Standard Form Number: SF-GOOD-49

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

**Notice of Award**


February 19, 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 February 16, 2024 or execution of the **Medical supplies for Emergency Response with reference no. PR 1745**, for the Contract Price of equivalent to **FIFTY-EIGHT THOUSAND TWO HUNDRED TWENTY-FIVE PESOS (Php58,225.00)** 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**

February 19, 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 **Medical supplies for Emergency Response with reference no. PR 1745** 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-38)**  
**Local Government Unit - Gubat, Sorsogon**

**1745**

Supplier : <b>UNIMEDS DRUGTORE</b> (/)	P.O. No. : <u>2718</u>
Address : <b>SORSOGON CITY</b>	Date : _____
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 : <u>LGU Gubat</u>	P.O. No. : _____
Date of Delivery : _____	Date : _____

Stock No.	Unit	DESCRIPTION	QTY.	Unit Cost	Amount
1	pcs	Povidone Iodine (Betadine) Spray ()	10	1,000.00	10,000.00
2	pcs	Adult Oxygen mask ()	20	75.00	1,500.00
3	boxes	4" Sterile Gauze Pad 4x4x12 ply ()	10	300.00	3,000.00
4	boxes	Gauze Bandage 12 rolls (2x10 yards, 3x10 yards & 4x10 yards) ()	10	300.00	3,000.00
5	pcs	Oxygen Regulator ()	4	1,125.00	4,500.00
6	gal	Alcohol 70% Isoprophyl ()	20	330.00	6,600.00
7	pcs	Manual Suction (Portable) ()	3	4,300.00	12,900.00
8	pcs	Nasal Cannula ()	30	25.00	750.00
9	boxes	micropore tape 1/2" ()	10	630.00	6,300.00
10	boxes	micropore tape 1" ()	10	630.00	6,300.00
11	pcs	Elastic Bandage 2" ()	50	27.00	1,350.00
12	pcs	Elastic Bandage 3" ()	50	30.00	1,500.00
13	pcs	Ice Bag ()	5	105.00	525.00

**FIFTY EIGHT THOUSAND TWO HUNDRED TWENTY FIVE PESOS ONLY**

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**58,225.00**




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,

  
**RONNEL U. LIM**  
Municipal Mayor

Conforme:

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

Date: \_\_\_\_\_

Funds Available: \_\_\_\_\_

KATA E. OBRUQUE  
Municipal Treasurer