

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

**Notice of Award**


February 23, 2024

**CECIL H. DECHAVEZ**  
**3B DECHAVEZ VARIETY STORE**  
San Roque Bacon District Sorsogon City

Dear Madam:

We are happy to notify you that your Bid dated January 29, 2024 or execution of the **Anti-rabies vaccine for mass anti-rabies vaccination on March-June, 2024 with reference no. PR 1694**, for the Contract Price of equivalent to **TWO HUNDRED THOUSAND PESOS (Php200,000.00)**, as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

Very truly yours,

  
**RONNEL U. LIM**  
Municipal Mayor

Conforme:

  
**CECIL H. DECHAVEZ**  
**3B DECHAVEZ VARIETY STORE**  
Date: \_\_\_\_\_

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

**NOTICE TO PROCEED**

February 28, 2024

**CECIL H. DECHAVEZ**  
**3B DECHAVEZ VARIETY STORE**  
San Roque Bacon District Sorsogon City

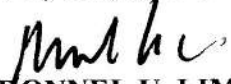
Dear Madam:

The attached Contract Agreement having been approved; notice is hereby given to **3B DECHAVEZ VARIETY STORE**, that work may commence on **Anti-rabies vaccine for mass anti-rabies vaccination on March-June, 2024 with reference no. PR 1694** 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,

  
**HONNEL U. LIM**  
Municipal Mayor

I acknowledge receipt of this Notice on \_\_\_\_\_

Name of the Representative of the Bidder: **CECIL H. DECHAVEZ**

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


Supplier	: <b>3B DECHAVEZ VARIETY STORE</b> (DISTRIBUTOR)	P.O. No.	: <u>2761</u>
Address	: <b>Bacon District, Sorsogon City</b>	Date	: <b>FEB 27 2024</b>
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	vials	Anti-Rabies Vaccines 10mL per vial Expiration date should be at least until June 2026 ()	400	500.00	200,000.00

**TWO HUNDRED THOUSAND PESOS ONLY**

\*\*\*\*\*  
**200,000.00**

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,

*Hannel U. Lim*  
**HONNEL U. LIM**  
Municipal Mayor

Conforme;

*Ching*  
**3B DECHAVEZ VARIETY STORE**  
Signature over printed name of Supplier

\_\_\_\_\_  
Date

Funds Available:		ALOBS. No.	: _____
	<b>AVA E. OBRIQUE</b> Municipal Accountant	Amount	: _____