

OFFICE OF THE MUNICIPAL MAYOR

NOTICE TO PROCEED

September 16, 2024

RS MEDSTAR PHARMACY

Pinamalayan, Oriental Mindoro

Dear Sir/Madame:

The attached Purchase Order having been approved, notice is hereby given to RS MEDSTAR PHARMACY that work may commence on Supply And Delivery of Medical Equipment., within 7 days upon 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 Municipality of Socorro.

Very truly yours,

HON. NEMMEN O. PEREZ, M.D. Municipal Mayor

I acknowledge receipt of this Notice on	9-16-24	
Name of Representative of the Bidder	SHERMYNNE D. OCHEA	
Authorized Signature	Mayor .	

PURCHASE ORDER

MUNICIPALITY OF SOCORRO SOCORRO, ORIENTAL MINDORO

:	RS MEDSTAR PHARMACY Pinamalayan Oriental Mindoro	P.O. No. : Date :	357 09-16-2024
•	Thundayan onema name	Mode of Procuremen:	NP-SVP
:	266-715-646-000	P.R. No./s :	2024-09-355
	:	: Pinamalayan Oriental Mindoro	: Pinamalayan Oriental Mindoro Date : Mode of Procuremen :

Place of Delivery : LGU SOCORRO Delivery Term : FOB Destination

Date of Delivery : on/before September 22, 2024

Payment Term :

Date of Delivery :		on/before September 22, 2024	Payme	Payment Term :		
STOCK NO.	UNIT	DESCRIPTION	QUANTITY	UNIT COST	AMOUNT	
	Units	Digital Pediatric Weighing Scale	2.00	28,700.00	57,400.0	
	-	Capacity: 20kg/40lbs	-	-		
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	-	-	2.00	15 400 00	46 200 0	
	Units	Adult Weighing Scale	3.00	15,400.00	46,200.0	
	-	Capacity: 200kg/440lbs	-	-		
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					103,600	

(Total Amount in Words)

One Hundred Three Thousand Six Hundred Pesos

Purpose:

To be used by the Municipal Health Office

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:

RS MEDSTAR PHARMACY

Signature over Printed Name of Supplier

Date: 9-16-24

Very truly yours,

HON. NEMMEN 6. PEREZ, M.D. Municipal Mayor