



Republic of the Philippines  
Province of Oriental Mindoro  
Municipality of Socorro

OFFICE OF THE MUNICIPAL MAYOR

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NOTICE TO PROCEED

November 11, 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, Dental and Laboratory Supplies**, within 15 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 D. PEREZ, M.D.**  
Municipal Mayor

I acknowledge receipt of this Notice on 11-11-24

Name of Representative of the Bidder SHERMYNNE D. OCHEA

Authorized Signature 

**PURCHASE ORDER**  
MUNICIPALITY OF SOCORRO  
SOCORRO, ORIENTAL MINDORO

|          |                                       |                     |                      |
|----------|---------------------------------------|---------------------|----------------------|
| Supplier | : <u>RS MEDSTAR PHARMACY</u>          | P.O. No.            | : <u>448</u>         |
| Address  | : <u>Pinamalayan Oriental Mindoro</u> | Date                | : <u>11-11-2024</u>  |
| TIN      | : <u>266-715-646-000</u>              | Mode of Procurement | : <u>NP-SVP</u>      |
|          |                                       | P.R. No./s          | : <u>2024-11-448</u> |

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

|                   |                      |               |                          |
|-------------------|----------------------|---------------|--------------------------|
| Place of Delivery | : <u>LGU SOCORRO</u> | Delivery Term | : <u>FOB Destination</u> |
| Date of Delivery  | : _____              | Payment Term  | : _____                  |

| STOCK NO. | UNIT         | DESCRIPTION                               | QUANTITY | UNIT COST | AMOUNT     |
|-----------|--------------|---|----------|-----------|------------|
|           | Pcs          | Kelly Forceps                             | 20.00    | 160.00    | 3,200.00   |
|           | Pcs          | Kidney Basin - Stainless                  | 20.00    | 500.00    | 10,000.00  |
|           | Pcs          | Needle Holder                             | 20.00    | 300.00    | 6,000.00   |
|           | Pcs          | Scissor Straight Mayo                     | 20.00    | 160.00    | 3,200.00   |
|           | Pcs          | Bandage Scissor                           | 20.00    | 160.00    | 3,200.00   |
|           | Pcs          | Thumb Forceps                             | 20.00    | 160.00    | 3,200.00   |
|           | Pcs          | Tissue Forcep with Teeth                  | 20.00    | 160.00    | 3,200.00   |
|           | Pcs          | Umbilical Cord Scissor                    | 20.00    | 360.00    | 7,200.00   |
|           | Pcs          | Kelly Pad (Rubber)                        | 5.00     | 1,600.00  | 8,000.00   |
|           | Pcs          | Digital Clock                             | 2.00     | 1,500.00  | 3,000.00   |
|           | Box of 48's  | Battery - AA                              | 2.00     | 864.00    | 1,728.00   |
|           | Box of 40's  | Battery - AAA                             | 2.00     | 360.00    | 720.00     |
|           | Pcs          | Digital Thermometer                       | 10.00    | 120.00    | 1,200.00   |
|           | Box          | Battery (Digital Thermometer)             | 1.00     | 35.00     | 35.00      |
|           | Bottles      | Hydrogen Peroxide (Agua Oxigenada) 120 ml | 5.00     | 20.00     | 100.00     |
|           | Boxes        | Syringe 1cc                               | 5.00     | 500.00    | 2,500.00   |
|           | Boxes        | Syringe 3cc                               | 5.00     | 500.00    | 2,500.00   |
|           | Boxes        | Syringe 5cc                               | 5.00     | 500.00    | 2,500.00   |
|           | Boxes        | Insulin Syringe 1 CC                      | 7.00     | 1,400.00  | 9,800.00   |
|           | Box of 100's | Gauze 4x4                                 | 5.00     | 500.00    | 2,500.00   |
|           | Gallons      | Cidex Solution                            | 2.00     | 1,725.00  | 3,450.00   |
|           | Box of 20's  | Sterile Water for Injection 50ml          | 1.00     | 1,500.00  | 1,500.00   |
|           | Boxes        | 0.9% Sodium chloride 1000ml               | 6.00     | 1,200.00  | 7,200.00   |
|           | Pcs          | Nasal Cannula Adult                       | 40.00    | 50.00     | 2,000.00   |
|           | Pcs          | Macroset                                  | 43.00    | 30.00     | 1,290.00   |
|           | Pcs          | Abbocath Gauge 22                         | 25.00    | 35.00     | 875.00     |
|           | Pcs          | Abbocath Gauge 24                         | 25.00    | 35.00     | 875.00     |
|           | Pcs          | Abbocath Gauge 26                         | 25.00    | 35.00     | 875.00     |
|           | Bottle       | Lidocaine 50ml                            | 1.00     | 115.00    | 115.00     |
|           | Box of 12's  | Suture Silk 2.0                           | 1.00     | 600.00    | 600.00     |
|           | Box of 12's  | Suture Silk 3.0                           | 1.00     | 600.00    | 600.00     |
|           | Packs        | Plastic Ice Bag                           | 45.00    | 25.00     | 1,125.00   |
|           | Unit         | Stretcher with wheels                     | 1.00     | 31,500.00 | 31,500.00  |
|           | -            | * Size : H:32" x L:74" x W: 24"           | -        | -         | -          |
|           | Units        | IV Stand 2 hooks w/ Wheels                | 7.00     | 2,400.00  | 16,800.00  |
|           | -            | -   | -        | -         | -          |
|           | -            | -   | -        | -         | -          |
|           |              |   |          |           | 142,588.00 |

(Total Amount in Words) One Hundred Forty Two Thousand Five Hundred Eighty Eight Pesos

Purpose: for the use of 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: 11-11-24

Very truly yours,

  
**HON. NEMMEN C. PEREZ, M.D.**  
 Municipal Mayor