



Republic of the Philippines  
Province of Oriental Mindoro  
**MUNICIPALITY OF GLORIA**

**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

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**NOTICE TO PROCEED**

August 11, 2021

**SHIRLEY M. DE MESA**  
**R AND S PHARMACY**  
Maligaya, Gloria, Oriental Mindoro

Dear Ma'am/Sir;

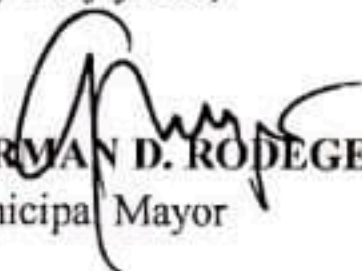
The attached Contract Agreement having been approved, notice is hereby given to **R AND S PHARMACY** may commence on the **Supply and delivery of Medicines for Municipal Health office use** effective on the day or date after the receipt of this notice.

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 Municipal Government of Gloria, Oriental Mindoro.

**Contract Duration:** 30 days upon the effectivity of Notice to Proceed.

Very truly yours,

  
**GERMAN D. RODEGERIO**  
Municipal Mayor

I acknowledge receipt of this Notice on           08 - 11 - 2021          

Name of the Representative of the Bidder:           Roanne Shiela M. De Mesa          

Authorized Signature:           

Municipal Government of Gloria, Oriental Mindoro

Project Reference Number:

2021-012-798

Name of the Projects:

Supply and delivery of Medicines  
for Municipal Health office use

Location of the Projects:

Municipal Health Office

**PURCHASE ORDER  
MUNICIPAL GOVERNMENT OF GLORIA**

Supplier: <b>R AND S PHARMACY</b>	P.O. No.: <b>2021-012-460</b>
Address: <b>Maligaya, Gloria, Oriental Mindoro</b>	Date: <b>August 10, 2021</b>
TIN: <b>920-199-444-000</b>	Mode of Procurement: <b>SHOPPING</b>
	PR No./s: <b>2021-012-798</b>

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

Place of Delivery: <b>Municipal Health Office</b>	Delivery Term: <b>30 days</b>
Date of Delivery:	Payment Term: <b>after delivery and acceptance</b>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	box	Amlodipine 5mg	100.00	190.00	19,000.00
2	box	Losartan 50 mg	200.00	197.00	39,400.00
		Total			<b>P58,400.00</b>

Total Amount in Words:  
*Fifty Eight Thousand Four Hundred Pesos Only*

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:

Very truly yours,

**R AND S PHARMACY**  
Signature over Printed Name of Supplier  
*08-10-2021*  
Date Signed

**GERMAN D. RODEGERIO**  
Municipal Mayor  
*08/10/2021*  
Date Signed

In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.

Approved per Sanggunian Resolution No.: Not Applicable

Certified Correct: Not Applicable

Date

Copy Distribution:      Orig - DV/COA      2nd - DV/MAcO      3rd - BAC      4th - Supplier