



Republic of the Philippines
Province of Romblon
MUNICIPALITY OF SANTA FE
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OFFICE OF THE MAYOR

NOTICE TO PROCEED

April 13, 2023

NORTH STAR PHARMACY & MEDICAL SUPPLY
Odiongan, Romblon

Dear Sir/Madame:

The attached Purchase Order having been approved, notice is hereby given to **NORTH STAR PHARMACY & MEDICAL SUPPLY** – Odiongan, *Romblon* that the delivery of supplies may commence on the **Screening & Management of Lifestyle Related Diseases (Purchase of Laboratory & Medical Supplies and Drugs & Medicines)** effective on two (2) days upon 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 Santa Fe, Romblon.

Very truly yours,

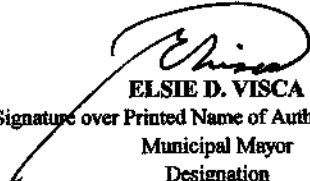

ELSIE D. VISCA
Municipal Mayor
(Head of the Procuring Entity)

I acknowledge receipt of this Notice on _____

Name of the Representative of the Bidder: **NORTH STAR PHARMACY & MEDICAL SUPPLY**

Authorized Signature: _____

PURCHASE ORDER
Municipal Government of Santa Fe, Romblon
LGU

Supplier : <u>NORTH STAR PHARMACY & MEDICAL SUPPLY</u>			P.O. No. : <u>2023-04-0035</u>		
Address : <u>Odiongán, Romblon</u>			Date : <u>April 11, 2023</u>		
TIN :			Mode of Procurement : <u>Public Bidding</u>		
Gentlemen:			PR No./s : <u>2023-01-0018</u>		
Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Municipal Hall - Poblacion, Santa Fe, Romblon</u>			Delivery Term : <u>Municipal Hall</u>		
Date of Delivery : <u>Within 30 Working Days Upon the Receipt of NTP</u>			Payment Term : <u>Check</u>		
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
2023-0478-4411	unit	Kemel Multi Check Meter Hemoglobin (Hg) strips	5	2,500.00	12,500.00
2023-0479-4411	unit	Kemel Multi Check Meter Glucose strips	5	1,200.00	6,000.00
2023-0480-4411	unit	Kemel Multi Check Meter Cholesterol strips	5	4,550.00	22,750.00
2023-0481-4411	unit	Kemel Multi Check Meter Uric strips	5	1,250.00	6,250.00
2023-0482-4411	unit	Urinalysis Reagent Strips (URS-10SG) 10 parameters	5	1,375.00	6,875.00
2023-0483-4411	box	Amlodipine 5mg/tab, 100's	100	70.00	7,000.00
2023-0484-4411	box	Amlodipine 10mg/tab, 100's	100	110.00	11,000.00
2023-0485-4411	box	Azithromycin 500mg, 30's	10	300.00	3,000.00
2023-0486-4411	box	Cinnarizine 25mg/tab, 100's	5	110.00	550.00
2023-0487-4411	box	Clonidine 75mcg, 100's	15	600.00	9,000.00
2023-0488-4411	box	Gliclazide 30mg/tab, 100's	17	195.00	3,315.00
2023-0489-4411	box	Glimepiride 2mg/tab, 100's	30	150.00	4,500.00
2023-0490-4411	box	Glimepiride 4mg/tab, 100's	10	250.00	2,500.00
2023-0491-4411	box	Losartan 50mg, 100's	100	115.00	11,500.00
2023-0492-4411	box	Losartan 50mg + HCTZ 12.5 mg/tab, 100's	25	275.00	6,875.00
2023-0493-4411	box	Metformin 500mg/tab, 100's	10	105.00	1,050.00
2023-0494-4411	box	Methyldopa 250mg/tab, 100's	10	700.00	7,000.00
2023-0495-4411	box	Mupirocin Ointment 5g/tube	11	100.00	1,100.00
2023-0496-4411	box	Simvastatin 40mg/tab, 100's	10	450.00	4,500.00
(Total Amount in Words): ONE HUNDRED TWENTY SEVEN THOUSAND TWO HUNDRED SIXTY FIVE PESOS					127,265.00
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,		
NORTH STAR PHARMACY & MEDICAL SUPPLY					
Signature over Printed Name of Supplier			Signature over Printed Name of Authorized Official		
_____			Municipal Mayor		
Date			Designation		
. (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
N/A					
Secretary to the Sanggunian			_____		
			Date		