

Republic of the Philippines Province of Iloilo MUNICIPALITY OF CABATUAN Tel. No. (033) 522-8530/Telefax No. (033) 522-8940

OFFICE OF THE MUNICIPAL MAYOR

NOTICE TO PROCEED

November 16, 2022

NOEL D. LACHICA
Owner
B-SHINE PHARMA
Anacleta Bldg., Corner Magdalo-Burgos St.
LaPaz, Iloilo City

Sir:

The attached Contract having been approved, notice is hereby given to **B-SHINE PHARMA** that work may commence on the contract: **PR No. 2022-09-0794**; **PROCUREMENT OF MEDICINES (HYPERTENSIVE DRUGS) FOR OFFICIAL USE OF RHU I, POBLACION, CABATUAN, ILOILO** effective 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 **Local Government Unit of Cabatuan**, **Iloilo**.

Very truly yours,

ELIZANDE G. PUEYO, M.D.

Municipal Mayor

. I acknowledge receipt of this Notice on	Nov. 18, 20 22
Name of the Representative of the Bidder : _	NOEL D. LACHICA
Authorized Signature:	
/	

PURCHASE ORDER MUNICIPALITY OF CABATUAN, ILOILO

Supplier:	Annual Section Section 1	B-SHINE PHARMA		P.O. No.	20	2022-11-117	
Address:		Anacleta Bldg., Corner Magdalo-Burgos St.		Date:	-	November 16, 2022	
		az, Iloilo	City	Mode of Procurement:		Public Bidding	
Genteleme					-	tober 27, 2022	
Please	furnish thi	s office t	he following articles to the terms and condi	tions contained herein:			
Place of D	elivery:	RH	1, Poblacion, Cabatuan, Iloilo				
Date of De	elivery:	20 c	alendar days upon receipt of approved !	Notice to proceed			
PR No. 202	2-09-0794		ement of Medicines (Hypertensive Drugs) for		ı, Iloile)	
	Qty.	Unit	-	Unit Cost	T	Total Cost	
11	1,200		Amlodipine 10mg. 100's	38.9	4	46,728.00	
2	700		Metoprolol 50mg. 100's	63.0		44,100.00	
3	50		Metoprolol 100mg. 100's	126.0	-	6,300.00	
4	1,500		Losartan potassium 50mg. 100's	76.2	-	114,300.00	
5	400	boxes	Metformin 500mg. 100's	40.0		16,000.00	
			nothing follows	70.0	十十	10,000.00	
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1	1.7			Total	P	227,428.00	
Amount in	n words]		Two Hundred Twenty Seven Thousa	and Four Hundred Twenty	Eigh	t Pesos	
In ones -	0.0-1	1 0					
ercent for e	every day	make fu	all delivery with in the time specified above should be imposed.	a penalty of one-tenth (1/10) of	one		
	, ,		modula de Imposed.				
				Very truly	yours	,	
				4/2/04	1/	200	
				ELHZANDE G.	PUE	O. M.b.	
				Manicipa			
			b /	Authorize	d Offi	tial	
Conforme	e:		[×				
		1	DEL D. LACHICA			-	
	_	B-S	HINE PHARMA				
**		Signat	ure over printed name				
		/	00- 18, 2022			and the state of t	
			Date				