

VENUE ACCOMMODATION FOR IROSIN EMPLOYEE ASSOCIATION (ILEA) GENERAL ASSEMBLY

Republic of the Philippines
BIDS AND AWARDS COMMITTEE
Municipality of Irosin

Reference Number: BAC-00019-2017

March 24, 2017

REQUEST FOR QUOTATION

The Local Government Unit of Irosin, through its Bids & Awards Committee (BAC), requests suppliers/manufacturers/distributors/contractors to submit price quotations for the hereunder project:

Name of Project : **VENUE ACCOMMODATION FOR IROSIN EMPLOYEE ASSOCIATION (ILEA) GENERAL ASSEMBLY**

Brief Description : 2 days Accommodation for 165 pax

Approved Budget for the

Contract : **Php 156,750.00**

Delivery Period : **7 calendar days**

Contract Duration : **one (1) month**

Source of Fund : **GENERAL FUND**

For particulars, please contact the Bids & Awards Committee through its Chairman, Noel D. Mercado II or call telephone number (056) 557-3043.

Prepared by:

MARIA RACHEL P. GONZALES
Head, BAC Secretariat

Approved by:

NOEL D. MERCADO II
BAC Chairman

Standard Form Number: SF-GOOD-49
Revised on: May 24, 2004

Republic of the Philippines
Local Government Unit of Irosin
Municipal Compound, San Julian, Irosin, Sorsogon
Telefax: (056) 557-3043
www.irosin.gov.ph
info@irosin.gov.ph

Notice of Award


March 31, 2017

**Proprietor, Jomil Construction & Dev't Corp.
Gubat, Sorsogon**

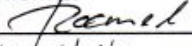
Sir/Madam:

We are happy to notify you that the contract for the Venue Accommodation for **Irosin Local Employee Association (ILEA) Assembly** is awarded to you in the Contract Price equivalent to **One Hundred Fifty Five Thousand One Hundred Pesos (P155, 100.00)**.

Very truly yours,


ALFREDO J. CIELO, JR.
Municipal Mayor

Conforme:


Date: 3/2/17

The Head of the Procuring Entity, through the Procurement Office/Unit, immediately upon approval of the recommendation for award, shall issue the Notice of Award to the bidder with the LCRB.

Standard Form Number: SF-GOOD-56
Revised on: May 24, 2004

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NOTICE TO PROCEED

April 6, 2017

Proprietor, JOMIL CONSTRUCTION & DEV'T CORP.
Gubat, Sorsogon

Dear Sir/Madam:

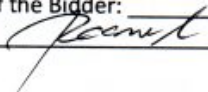
The attached Contract Agreement having been approved, notice is hereby given to **JOMIL CONSTRUCTION & DEVELOPMENT CORPORATION** that work may commence on the **VENUE ACCOMMODATION FOR IROSIN LOCAL EMPLOYEE ASSOCIATION (ILEA) ASSEMBLY**, effective on April 13, 2017.

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 Irosin.

Very truly yours,


ALFREDO J. CIELO, JR.
Local Chief Executive

I acknowledge receipt of this Notice on _____
Name of the Representative of the Bidder: _____
Authorized Signature:  _____

The Head of the Procuring Entity or his duly authorized representative shall issue the Notice to Proceed within seven(7) calendar days from the date of the approval of the contract.

PURCHASE ORDER

LGU - IROSIN

Supplier:	P.O. No. <u>528</u>
Address:	Date: <u>4/26/17</u>
	Mode of Procurement: <u>CALL VALUE</u>
	P.R. No. <u>598</u>

Gentleman:
Please furnish this office the following articles subject to the terms and conditions contain herein

Place of Delivery: <u>LGU - IROSIN</u>	Delivery Term: <u>1 DAY</u>
Date of Delivery: <u>4/27/17</u>	Payment Term: <u>10</u>

Item No.	Unit	Quantity	Description	Unit Price	Total Price
	12 Box		Catgat 2-0, ethicon double arm 150cm	3,590.00	43,080.00
	3 Pcs.		Footstool	1,000.00	3,000.00
	10 Pairs		DR 9(Closed shoes)	100.00	1,000.00
	5 Pcs.		Kelly Pad	725.00	3,625.00
	4 Bot.		Lidocaine 2% anesthesia (50ml)	85.00	340.00
	10 Tubes		KY Jelly	390.00	3,900.00
	2 Unit		Doppler digital, battery & electronic operated	4,000.00	8,000.00
	1 Gal.		Betadaine Solution	1,240.00	1,240.00
	24 Pcs.		Bath soap fam. Size	38.50	924.00
	12 Lit.		Sodium Hypochlorite	30.00	360.00
	10 Box		Methylergometrine tablet	490.00	4,900.00
	50 Amp		Vitamin K	59.00	2,950.00
	6 Gal		Alcohol 70%	392.50	2,355.00
	10 Box		Syringes 1ml	385.00	3,850.00
	10 Box		Syringes 3ml	380.00	3,800.00
	3 Box		Syringes 5ml	380.00	1,140.00
	1 Box		Syringes 10ml	380.00	380.00
	100 Pcs.		Macroset	25.00	2,500.00
	100 Pcs.		Abocath g19,20&22	30.00	3,000.00
	1 Gal.		Activated Glutaraldehyde solution	2,285.00	2,285.00
	100 Amp.		Oxytocin	49.00	4,900.00

TOTAL: 97,949.00

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of the percent for everyday of delay shall be imposed.

Very truly yours,

ADONIS E. FORTES
Municipal Treasurer

Conformed: [Signature]

Approved by:

[Signature]
HON. ALFREDO J. CIELO JR.
Municipal Mayor