



Republika ng Pilipinas  
Kagawaran ng Kalusugan  
Panlabas na Pagpapaganap  
Pampurok ng Tanggapang Pangkalusugan Blg. 6  
WESTERN VISAYAS MEDICAL CENTER  
Q. Abeto St., Mandurriao, Iloilo City  
Trunk Line No.: 321-2841-50 Fax No.: 321-17-97  
**Notice of Award**

Award No.: 088 dm  
Date: July 12, 2017

**Phil. Pharmawealth, Inc.**  
Thru Rep., Iloilo

**Sir/Madam:**

Please be informed that in connection with our invitation for Price Quotation on Shopping dated July 06, 2017 you are found to be responsive by the Bids and Awards Committee (BAC). You are hereby directed to deliver the following items based on the specification required within Five (5) working days upon receipt this Notice of Award.

NO.	QUANTITY	UNIT	LIST OF ARTICLES AND DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,000	amps/vials	Dexamethasone Inj. 4mg/ml, 1ml (IM, IV) (as sodium phosphate)	29.88	29,880.00
					<u>29,880.00</u>

Kindly acknowledge receipt hereof and signify your concurrence by signing under the Conforme below and return the same to the Procurement Office.

Please keep one copy and submit the remaining Six (6) copies to the same office.

Please signify your acceptance of this Notice of Award by signing on the space provided below.

Very truly yours,

**JOSEPH DEAN L. NICOLO, MD, FPCS, FPSGS, MPA**  
Medical Center Chief II

Conforme: \_\_\_\_\_  
Signature Over Printed Name

Date Received: \_\_\_\_\_





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WESTERN VISAYAS MEDICAL CENTER  
Q. Abeto St., Mandurriao, Iloilo City  
Trunk Line No.: 321-2841-50 Fax No.: 321-17-97  
**Notice of Award**

**Award No.: 087 dm**  
**Date: July 11, 2017**

**Phil. Pharmawealth, Inc.**  
**Thru Rep., Iloilo**

**Sir/Madam:**

Please be informed that in connection with our invitation for Price Quotation on Shopping dated July 06, 2017 you are found to be responsive by the Bids and Awards Committee (BAC). You are hereby directed to deliver the following items based on the specification required within Five (5) working days upon receipt this Notice of Award.

NO.	QUANTITY	UNIT	LIST OF ARTICLES AND DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5,000	amps/vials	Omeprazole Powder 40mg/vial + 10 ml solvent	34.44	172,200.00
2	5,000	tabs.	Trimetazidine 35 mg (as hydrochloride)	5.87	29,350.00
3	5,000	amps.	Epinephrine 1mg/ml, 1ml	33.45	167,250.00
					<b>368,800.00</b>

Kindly acknowledge receipt hereof and signify your concurrence by signing under the Conforme below and return the same to the Procurement Office.

Please keep one copy and submit the remaining Six (6) copies to the same office.

Please signify your acceptance of this Notice of Award by signing on the space provided below.

Very truly yours,

**JOSEPH DEAN L. NICOLO, MD, FPCS, FPSGS, MPA**  
Medical Center Chief II

Conforme: \_\_\_\_\_  
Signature Over Printed Name

Date Received: \_\_\_\_\_