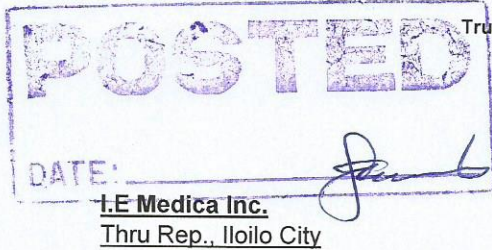




Republika ng Pilipinas
Kagawaran ng Kalusugan
Panlabas na Pagpapaganap
Pampurok ng Tanggapang Pangkalusugan Blg. 6
WESTERN VISAYAS MEDICAL CENTER
Q. Abeto St., Mandurriao, Iloilo City
Trunk Line No.: 321-2841-50 Fax No.: 321-17-97
Notice of Award



Award No.: 2018 - 045 dm
Date: March 14, 2018

Sir/Madam:

Please be informed that in connection with our invitation for Price Quotation on Small Value Procurement dated 'March 08, 2018 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 Ten (10) working days upon receipt this Notice of Award.

NO.	QUANTITY	UNIT	LIST OF ARTICLES AND DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30	vials	Carboplatin Inj. 10mg/ml, 45 ml	1,900.50	57,015.00
					<u><u>57,015.00</u></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,

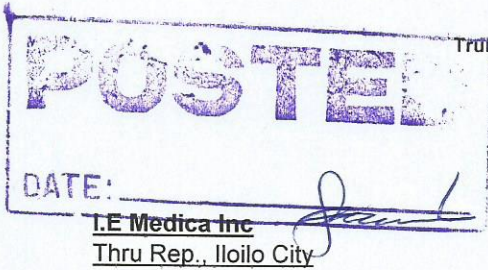
JOSEPH DEAN L. NICOLO, MD, FPCS, FPSGS, MPA
Medical Center Chief II

Conforme: _____
Signature Over Printed Name

Date Received: _____



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.: 2018 - 043 dm
Date: March 14, 2018

Sir/Madam:

Please be informed that in connection with our invitation for Price Quotation on Small Value Procurement dated 'March 08, 2018 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 Ten (10) working days upon receipt this Notice of Award.

NO.	QUANTITY	UNIT	LIST OF ARTICLES AND DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,000	vial	Carboprost 250 mcg/ mL solution for injection, 1 mL	263.25	263,250.00 <u>263,250.00</u>

Kindly acknowledge receipt hereof and signify your concurrence by signing under the Conformed 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. NICOLLO, MD, FPCS, FPSGS, MPA
Medical Center Chief II

Conforme: _____
Signature Over Printed Name

Date Received: _____