



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 - 021 dm**  
**Date: February 1, 2018**

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

**Sir/Madam:**

Please be informed that in connection with our invitation for Price Quotation on Small Value Procurement dated January 27, 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   | 10,000   | vials | Cefuroxime Inj. 750 mg vial<br>(IM,IV) (IV infusion) (as sodium<br>salt) | 15.69      | 156,900.00               |
|     |          |       |  |            | <u><u>156,900.00</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: \_\_\_\_\_



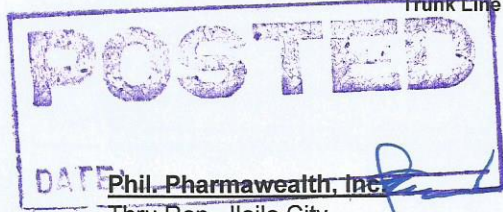


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**Notice of Award**

**Award No.: 2018 - 020 dm**

**Date: February 1, 2018**



**Sir/Madam:**

Please be informed that in connection with our invitation for Price Quotation on Small Value Procurement dated 'January 27, 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   | 3,000    | tabs  | Metformin 500 mg film coated tablet (as hydrochloride) | 0.82       | 2,460.00                 |
| 2   | 5,000    | vials | Amikacin Inj. 125mg/ml, 2ml vial (IM,IV) (as sulfate)  | 19.92      | 99,600.00                |
|     |          |       |  |            | <b><u>102,060.00</u></b> |

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Signature Over Printed Name

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