



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 - 017 dm
Date: January 30, 2018

Sens Mieux Drug & Medical Supplies
Thru Rep., Iloilo City

Sir/Madam:

Please be informed that in connection with our invitation for Price Quotation on Small Value Procurement dated 'January 17, 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 | 2,000 | tablets | Allopurinol 100 mg tablet | 2.00 | 4,000.00 |
| 2 | 2,000 | caps | Cefixime 200 mg capsule | 14.00 | 28,000.00 |
| | | | Amoxicillin 250 mg/5mL | | |
| 3 | 100 | bots | powder/granules for suspension, 60mL | 20.00 | 2,000.00 |
| | | | | | <u>34,000.00</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,

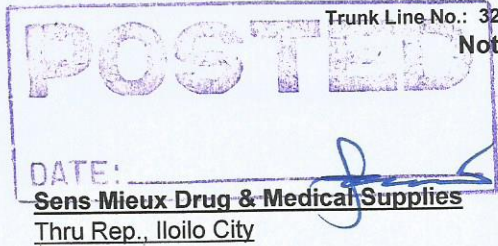
JOSEPH DEAN L. NICOLO, MD, FPCS, FPSGS, MPA
Medical Center Chief II

Conforme: _____
Signature Over Printed Name

Date Received: _____



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Q. Abeto St., Mandurriao, Iloilo City
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Notice of Award



Award No.: 2018 - 016 dm
Date: January 30, 2018

Sir/Madam:

Please be informed that in connection with our invitation for Price Quotation on Small Value Procurement dated 'January 18, 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 | 2,000 | tablets | Enalapril 5 mg tablet | 5.00 | 10,000.00 |
| | | | | | <u><u>10,000.00</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. NICOLLO, MD, FPCS, FPSGS, MPA
Medical Center Chief II

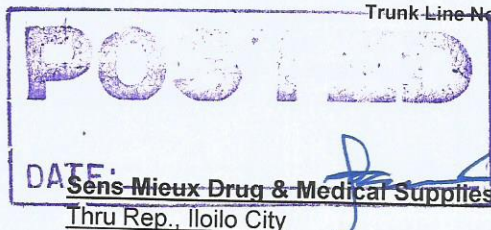
Conforme: _____
Signature Over Printed Name

Date Received: _____



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Q. Abeto St., Mandurriao, Iloilo City
Trunk Line No.: 321-2841-50 Fax No.: 321-17-97

Notice of Award



Award No.: 002 dm
Date: January 30, 2018

Sir/Madam:

Please be informed that in connection with our invitation for Price Quotation on Small Value Procurement dated 'January 16, 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 | tabs | Hyoscine 10 mg tablet (as N-butyl bromide) | 5.25 | 5,250.00 |
| 2 | 2,000 | caps | Cloxacillin 500 mg capsule (as sodium salt) | 3.10 | 6,200.00 |
| 3 | 2,000 | tabs | Propanolol 10 mg tablet | 3.00 | 6,000.00 |
| 4 | 100 | bots | Paracetamol 250mg/5mL syrup/suspension, 60mL (alcohol-free) | 25.00 | 2,500.00 |
| 5 | 1,000 | tabs | Colchicine 500 mcg tablet | 2.75 | 2,750.00 |
| | | | | | 22,700.00 |

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: _____