



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 - 074 dm**  
**Date: May 31, 2018**

**Genace Pharma Distributor**  
Thru Rep., Iloilo City

**Sir/Madam:**

Please be informed that in connection with our invitation for Price Quotation on Emergency Purchase dated May 23, 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 Seven (7) working days upon receipt this Notice of Award.

NO.	QUANTITY	UNIT	LIST OF ARTICLES AND DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	25	vial	Amphotericin B (Non-Lipid Complex) 50 mg	3,325.00	83,125.00
2	2,600	tablet	Bisacodyl 5 mg	1.00	2,600.00
3	10,000	capsule	Celecoxib 200 mg	3.95	39,500.00
4	1,500	tablet	Colchicine 500 mcg	2.95	4,425.00
5	125	vial	Cyclophosphamide Inj. powder, 500mg (IV)	150.00	18,750.00
6	100	vial	Cyclophosphamide Inj. powder, 1g (IV)	175.00	17,500.00
7	70	vial	Docetaxel Inj. 20mg/0.5mL (IV infusion) (anhydrous)	1,400.00	98,000.00
8	30	vial	Docetaxel Inj. 40mg/mL, 2mL (IV infusion) (anhydrous)	3,950.00	118,500.00
9	250	tablet	Finasteride 5 mg	8.90	2,225.00
10	1,200	capsule	Fluconazole 150 mg	50.00	60,000.00
11	1,500	tablet	Potassium 10 mEq (as citrate)	7.00	10,500.00
12	250	tablet	Tamoxifen 20mg (as citrate)	10.00	2,500.00
					<b>457,625.00</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: \_\_\_\_\_



# PURCHASE ORDER

## WESTERN VISAYAS MEDICAL CENTER

Entity

Supplier: **Genace Pharma Distributor**

P.O No : 091 DM

Address: Thru Rep., Iloilo CityDate : May 31, 2018.

TIN \_\_\_\_\_

Mode of Procurement : Emergency Purchase

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : Pharmacy Section - WVMC

Delivery Term: 7 working days

Date of Delivery : \_\_\_\_\_

Payment Term: \_\_\_\_\_

Stock No.	Unit	DESCRIPTION	Quantity	Unit Cost	Amount
	vial	Amphotericin B (Non-Lipid Complex) 50 mg	25	3,325.00	<u>83,125.00</u>
	tablet	Bisacodyl 5 mg	2,600	1.00	<u>2,600.00</u>
	capsule	Celecoxib 200 mg	10,000	3.95	<u>39,500.00</u>
	tablet	Colchicine 500 mcg	1,500	2.95	<u>4,425.00</u>
	vial	Cyclophosphamide Inj. powder, 500mg (IV)	125	150.00	<u>18,750.00</u>
	vial	Cyclophosphamide Inj. powder, 1g (IV)	100	175.00	<u>17,500.00</u>
	vial	Docetaxel Inj. 20mg/0.5mL (IV infusion) (anhydrous)	70	1,400.00	<u>98,000.00</u>
	vial	Docetaxel Inj. 40mg/mL, 2mL (IV infusion) (anhydrous)	30	3,950.00	<u>118,500.00</u>
	tablet	Finasteride 5 mg	250	8.90	<u>2,225.00</u>
	capsule	Fluconazole 150 mg	1,200	50.00	<u>60,000.00</u>
	tablet	Potassium 10 mEq (as citrate)	1,500	7.00	<u>10,500.00</u>
	tablet	Tamoxifen 20mg (as citrate)	250	10.00	<u>2,500.00</u>
TOTAL					<b><u>457,625.00</u></b>

MOUNT IN WORDS

**FOUR HUNDRED FIFTY SEVEN THOUSAND SIX HUNDRED TWENTY FIVE PESOS ONLY****457,625.00**

In case of failure to make the full delivery within the specified period above, a penalty of One-Tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:

Very truly yours,

Signature over Printed Name of Supplier

JOSEPH DEAN L. NICOLO, MD, FPCS, FPSGS, MPA

Signature over Printed Name of Authorized Official

Medical Center Chief II

Date

Designation

Fund C **D & M 06-207-533**

OBS/BURS NO: \_\_\_\_\_

Funds Available: \_\_\_\_\_

Date of OBS/BURS: \_\_\_\_\_

**MARY MAE G. PEÑAFLORES, CPA, MM****Amount 457,625.00**

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit