



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 - 080 dm
Date: June 04, 2018

Getz Bros. Phils. Inc.
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	375	vial	Biphasic Isophane Human Insulin 70/30 (recombinant DNA) Inj. 70% isophane suspension+30% soluble insulin in 100 IU/mL, 10mL (IM, SC) disposable syringe (IM,SC)	180.00	67,500.00
2	100	vial	Insulin Glargine 100 IU/mL, 3mL	330.00	33,000.00
3	100	vial	Isophane Insulin Human (recombinant DNA) Inj. 100 IU/mL, 10mL (IM,SC)	180.00	18,000.00
4	125	vial	Regular Insulin (recombinant DNA human) 100 IU/mL, 10mL (IM,IV,SC)	180.00	22,500.00
					<u>141,000.00</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, FPSC, FPSGS, MPA
Medical Center Chief II

Conforme: _____
Signature Over Printed Name

Date Received: _____

PURCHASE ORDER

WESTERN VISAYAS MEDICAL CENTER

Entity

Supplier: **Getz Bros. Phils. Inc.**

P.O No : 097 DM

Address: Thru Rep., Iloilo CityDate : June 04, 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 - WVMCDelivery Term: 7 working days

Date of Delivery : _____

Payment Term: _____

Stock No.	Unit	DESCRIPTION	Quantity	Unit Cost	Amount
	vial	Biphasic Isophane Human Insulin 70/30 (recombinant DNA) Inj. 70% isophane suspension+30% soluble insulin in 100 IU/mL, 10mL (IM, SC) disposable syringe (IM,SC)	375	180.00	<u>67,500.00</u>
	vial	Insulin Glargine 100 IU/mL, 3mL	100	330.00	<u>33,000.00</u>
	vial	Isophane Insulin Human (recombinT DNA) Inj. 100 IU/mL, 10mL (IM,SC)	100	180.00	<u>18,000.00</u>
	vial	Regular Insulin (recombinant DNA human) 100 IU/mL, 10mL (IM,IV,SC)	125	180.00	<u>22,500.00</u>
		TOTAL			<u>141,000.00</u>

AMOUNT IN WORDS **ONE HUNDRED FORTY ONE THOUSAND PESOS ONLY****141,000.00**

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 Cluster : **D & M 06-207-533**

Funds Available: _____

MARY MAE G. PEÑAFLORIDA, CPA, MM

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

OBS/BURS NO: _____

Date of OBS/BURS: _____

Amount : 141,000.00