

PURCHASE ORDER

WESTERN VISAYAS MEDICAL CENTER

Entity

Supplier: **Hizon Laboratories Inc.**

P.O No : 107 DM

Address: Thru Rep., Iloilo City

Date : June 11 2018.

TIN : _____

Mode of Procurement: Emergency Case

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
	ampule	Ephedrine Inj. 50mg/ml, 1ml (IM, IV) (as sulfate)	1,000	62.00	62,000.00
	ampule	Epinephrine Inj.: 1 mg/mL, 1 mL ampul (IM, SC) (as hydrochloride)	3,000	58.00	174,000.00
		*** Nothing Follows ***			236,000.00
AMOUNT IN WORDS		TWO HUNDRED THIRTY SIX THOUSAND PESOS ONLY			236,000.00

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. NICOLLO, MD, FPCS, FPSGS, MPA

Signature over Printed Name of Authorized Official
Medical Center Chief II

Date

Designation

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

OBS/BURS NO: _____

Funds Available: _____

Date of OBS/BURS: _____

MARY MAE G. PEÑAFLOIDA, CPA, MMAmount : **236,000.00**

Chief Accountant/Head of Accounting Division/Unit



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 - 085 dm
Date: June 11, 2018

Hizon Laboratories, 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	3,000	ampule	Epinephrine 1:1000 units/ 1 ml	58.00	174,000.00
2	1,000	ampule	Ephedrine Inj. 50mg/mL, 1mL(IM,IV) (as sulfate)	62.00	62,000.00
					236,000.00

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: _____