



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 - 069 dm
Date: May 31, 2018

Metro Drug, 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	1,000	tablet	Atorvastatin 10 mg	7.00	7,000.00
2	1,000	tablet	Lagundi 300 mg	2.15	2,150.00
3	50	bottle	Lagundi 300mg/5mL syrup, 60mL	55.00	2,750.00
4	1,000	tablet	Levofloxacin 500mg	8.00	8,000.00
5	1,000	tablet	Montelukast 4 mg (as sodium salt)	3.80	3,800.00
6	1,000	tablet	Montelukast 5 mg(as sodium salt)	5.60	5,600.00
7	1,300	tablet	Rosuvastatin 20 mg (as calcium salt)	9.97	12,961.00
					42,261.00

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: _____

PURCHASE ORDER

WESTERN VISAYAS MEDICAL CENTER

Entity

Supplier: **Metro Drug, Inc.**

P.O No : 086 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
	tablet	Atorvastatin 10 mg	1,000	7.00	<u>7,000.00</u>
	tablet	Lagundi 300 mg	1,000	2.15	<u>2,150.00</u>
	bottle	Lagundi 300mg/5mL syrup, 60mL	50	55.00	<u>2,750.00</u>
	tablet	Levofloxacin 500mg	1,000	8.00	<u>8,000.00</u>
	tablet	Montelukast 4 mg (as sodium salt)	1,000	3.80	<u>3,800.00</u>
	tablet	Montelukast 5 mg(as sodium salt)	1,000	5.60	<u>5,600.00</u>
	tablet	Rosuvastatin 20 mg (as calcium salt)	1,300	9.97	<u>12,961.00</u>
TOTAL					<u>42,261.00</u>
AMOUNT IN WORDS		FORTY TWO THOUSAND TWO HUNDRED SIXTY ONE PESOS ONLY			42,261.00

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 Clus **D & M 06-207-533**

OBS/BURS NO: _____

Funds Available: _____

Date of OBS/BURS: _____

MARY MAE G. PEÑAFLOIDA, CPA, MM**Amount : 42,261.00**

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