



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

**Natrapharm, 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	25	bottle	Co-Amoxiclav (amoxicillin+potassium clavulanate 400mg amoxicillin+57 mg potassium clavulanate per 5mL granules/powder for susp, 70mL	208.16	5,204.00
2	1,500	tablet	Gliclazide 30 mg MR	4.13	6,195.00
3	500	tablet	Isoniazid+Rifampicin+Ethambutol 75mg+150mg+275 mg	6.21	3,105.00
					<b>14,504.00</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: **Natrapharm Inc.**

P.O No : 089 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
	bottle	Co-Amoxiclav (amoxicillin+potassium clavulanate 400mg amoxicillin+57 mg potassium clavulanate per 5mL granules/powder for susp, 70mL	25	208.16	<u>5,204.00</u>
	tablet	Gliclazide 30 mg MR	1,500	4.13	<u>6,195.00</u>
	tablet	Isoniazid+Rifampicin+Ethambutol 75mg+150mg+275 mg	500	6.21	<u>3,105.00</u>
TOTAL					<b><u>14,504.00</u></b>
AMOUNT IN WORDS		<b>FOURTEEN THOUSAND FIVE HUNDRED FOUR PESOS ONLY</b>			<b>14,504.00</b>

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\_\_\_\_\_  
DesignationFund Clus **D & M 06-207-533**

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

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

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

**MARY MAE G. PEÑAFLOIDA, CPA, MM****Amount : 14,504.00**

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