

PURCHASE ORDER

WESTERN VISAYAS MEDICAL CENTER

Entity

Supplier: **Oxford Distributions, Inc.**

P.O No : 110 DM

Address: Thru Rep., Iloilo City

Date : June 13, 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
	<i>trial</i>	Iopamidol Inj. 755 mg/mL equiv to 370mg Iodine 50ml.	15	1,100.00	<u>16,500.00</u>
TOTAL					<u>16,500.00</u>

AMOUNT IN WORDS **SIXTEEN THOUSAND FIVE HUNDRED PESOS ONLY****16,500.00**

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_____
DesignationFund Cluster **D & M 06-207-533**

OBS/BURS NO: _____

Funds Available: _____

Date of OBS/BURS: _____

MARY MAE G. PEÑAFLOIDA, CPA, MMAmount 16,500.00

Signature over Printed Name of 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 - 088 dm
Date: June 13, 2018

Oxford Distributions, 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	15	vials	Iopamidol Inj. 755 mg/mL equiv to 370mg Iodine 50ml.	1,100.00	16,500.00
					16,500.00

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: _____