

# PURCHASE ORDER

## WESTERN VISAYAS MEDICAL CENTER

Entity

Supplier: **Pharma Surrey International Inc.**

P.O No : 115 DM

Address: Thru Rep., Iloilo City

Date : June 20, 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
	vial	Vaccine Rabies, Vero Cell (purified) 2.5 IU/0.5ml vial+ diluent	1,500	900.00	1,350,000.00
		*** Nothing Follows ***			1,350,000.00
AMOUNT IN WORDS		ONE MILLION THREE HUNDRED FIFTY THOUSAND PESOS ONLY			1,350,000.00

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**OBS/BURS NO: 18-06-096 DMFunds Available: ₱1,350,000-Date of OBS/BURS: 6-25-18**MARY MAE G. PENAFLORIDA, CPA, MM**Amount: 1,350,000.00

Chief Accountant/Head of Accounting Division/Unit





Republika ng Pilipinas  
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 - 093 dm**  
**Date: June 20, 2018**

**Pharma Surrey International Inc.**  
**Thru Rep., Iloilo City**

**Sir/Madam:**

Please be informed that in connection with our invitation for Price Quotation on Negotiated Procurement-Emergency Case dated 'June 20, 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	1500	vial	Vaccine Rabies, Vero Cell (purified) 2.5 IU/0.5ml vial+ diluent	900.00	1,350,000.00
					<b><u>1,350,000.00</u></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. NICOLLO, MD, FPCS, FPSGS, MPA**  
Medical Center Chief II

Conforme: \_\_\_\_\_  
Signature Over Printed Name

Date Received: \_\_\_\_\_