



Republic of the Philippines  
Department of Health  
**REGION 1 MEDICAL CENTER**  
Arellano Street, Dagupan City  
**BAC Office**  
Tel No.: (075) 523-18-65  
Telefax: (075) 523-41-03  
[rlmcsbac2012@gmail.com](mailto:rlmcsbac2012@gmail.com)

## NOTICE TO PROCEED

May 17, 2018

**LINA L. PORTOGALIZA**  
Authorized Representative  
**PORTOGALIZA ENTERPRISES**  
Sta. Barbara, Pangasinan

Sir:

This is to inform you that notice is hereby given to **PORTOGALIZA ENTERPRISES** that you may now proceed on the **Delivery of Housekeeping Supplies**, with Bid Ref. No. **10-18**, effective immediately.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement in accordance with the Delivery Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Region 1 Medical Center.

Very truly yours,

  
**JOSEPH ROLAND O. MEJIA, MD, FPSMS, MBAH, MPA, DHSM, CESE**  
Medical Center Chief II

I acknowledge receipt of this Notice on \_\_\_\_\_

Name of the Representative of the Supplier: LINA L. PORTOGALIZA

Authorized Signature: 