



Department of Health
REGION 1 MEDICAL CENTER
Arellano Street, Dagupan City
BAC Office
Tel No.: (075) 523-18-65
Telefax.: (075) 523-41-03
r1mcsbac2012@gmail.com

NOTICE TO PROCEED

RAYMOND A. DISPO

Authorized Representative

METPHIL MEDICAL COMPANY

3F Insular Life Building, Abanao Ext. Baguio City

Sir:

This is to inform you that notice is hereby given to **Metphil Medical Company** that render of services may proceed on the **Outsource Services**, under Bid Reference No. 26-2018, Effective immediately.

Attached is the Notice of Award with corresponding performance security posted for the contract. Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the agreement and in accordance with the Implementation 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: JOCELYN G. PUNSAWANG

Authorized Signature:  _____