



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  
[r1mcsbac2012@gmail.com](mailto:r1mcsbac2012@gmail.com)

## NOTICE TO PROCEED

**EDGARDO E. BOLOMPO JR.**  
Authorized Representative  
**DREI ENTERPRISES**  
No. 6 Purvenir St. Central East, Bauang La Union

Madam:

The attached Contract Agreement having been approved, notice is hereby given to **DREI ENTERPRISES** that delivery/implementation may proceed on the **Procurement of Medical-Surgical/Suture/Galenicals OAL for CY 2019 with Bid Ref. No. 02-2019**, under Invitation to Bid (IB) No. **1 s, 2019**, effective immediately.

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 as prescribed in the 2016 Revised IRR of RA 9184.

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:* Edgardo Bolompo Jr

*Authorized Signature:* \_\_\_\_\_  
