



REGION 1 MEDICAL CENTER
Arellano Street, Dagupan City
BAC Office
Tel No.: (075) 523-18-65
Telefax.: (075) 523-41-03
r1mesbac2012@gmail.com

NOTICE TO PROCEED

RICARDO SISON JR.
Authorized Representative
ZAFIRE DISTRIBUTORS, INC.
No. 49 Examiner St. West Triangle,
Quezon City

Sir:

The attached Contract Agreement having been approved, notice is hereby given to **ZAFIRE DISTRIBUTORS, INC.** that delivery/implementation may proceed on the **Delivery of Various Hospital Materials and Supplies under OAL for CY 2019: Radiology with Bid Ref. No. 09-2019**, 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: _____

Authorized Signature: _____

