



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

RONA XUCHELLE R. SERRANO

Authorized Representative

DREI ENTERPRISES

6 Purvenir St., Central East,
Bauang, La Union

Ma'am;

This is to inform you that notice is hereby given to **DREIN ENTERPRISES** that render of services may proceed on the **Supply and Delivery of Various Hospital Supplies and Materials under Ordering Agreement List (OAL): MEDICAL AND SURGICAL SUPPLIES**, with **Bid Reference No. 02-2020**, under Invitation to Bid No. 1 s' 2020 , 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:

Rona Xuchelle R. Serrano

Authorized Signature:

