



ISO 9001:2008  
CERTIFIED

Republic of the Philippines  
Department of Health  
**REGION I MEDICAL CENTER**  
Arellano Street, Dagupan City  
**BAC Office**  
Tel No.: (075) 523-18-65  
Telefax: (075) 523-41-03  
timesb@17@gmail.com

**NOTICE TO PROCEED**

**CHRISTIAN SHERWIN SY**  
*Authorized Representative*  
**OWEN ENTERPRISES**  
*Mangaldan Pangasinan*

Sir:

This is to inform you that notice is hereby given to **Owen Enterprises** that render of services may proceed on the **Procurement of Photocopy Machine**, under BAC Resolution No. AMP-NP-069A s. [4] 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 I 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: 05/14/2020

Name of the Representative of the Supplier: 

Authorized Signature: 

R1MC-MCC-BAC-FRM-022

REV. 01/25-JULY-2013

**DAILED**

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