



Republic of the Philippines  
**REGION 1 MEDICAL CENTER**  
Arellano Street, Dagupan City  
**BAC Office**  
Tel No.: (075) 523-18-65  
Telefax.: (075) 523-41-03  
region1mc2003@yahoo.com



## NOTICE OF AWARD

April 20, 2020

**ANNABELLE P. VILLACORTA**  
Authorized Representative  
**DUOMEDICS ENTERPRISES**  
No. 467 Malindong, Binmaley, Pangasinan

**Dear Ma'am:**

This is to inform you that the **Procurement of Equipment** per **BAC Resolution No. EC-NP-013A s, (4) 2020** through the use of Alternative Mode of Procurement, specifically **Emergency Cases** is hereby awarded to you at a Contract Price equivalent to **Three Million One Hundred Eighty-One Thousand Eight Hundred five Pesos (₱ 3,181,805.00)**.

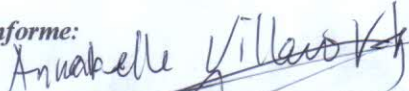
ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	<b>Infusion Pump</b> (please see attach PR no. 20 0004499)	2	Set	<b>119,975.00</b>	<b>239,950.00</b>
2	<b>Pulse Oximeter</b> (please see attach PR no. 20 0004499)	4	Set	<b>119,180.00</b>	<b>476,720.000</b>
3	<b>ECG Machine</b> (please see attach PR no. 20 0004499)	2	set	<b>248,000.00</b>	<b>496,000.00</b>
4	<b>Suction Machine</b> (please see attach PR no. 20 0004499)	7	Unit	<b>281,305.00</b>	<b>1,969,135.00</b>
<b>GRAND TOTAL</b>					<b>₱ 3,181,805.00</b>

You are therefore required to deliver the above items within the period stated in the Request for Quotation You have submitted, Failure to comply shall constitute a sufficient ground for **cancellation of this award.**

Approved By:

  
**JOSEPH ROLAND O. MEJA, MD, FPSMS, MBAH, MPA, DHSM, DCDM, CESE**  
Medical Center Chief II

Conforme:

  
\_\_\_\_\_  
(Name of Representative of Bidder)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

4-20-2020