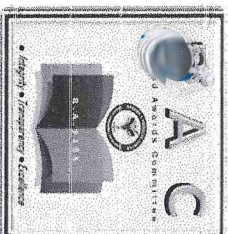




Republic of the Philippines
REGION I MEDICAL CENTER
Arelano Street, Daguapan City
BAC Office
Tel No.: (075) 523-18-65
Telefax: (075) 523-41-03
region1mc2003@yahoo.com



BAC COPY

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NOTICE OF AWARD

May 27, 2020

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

Dear Ma'am:

This is to inform you that the **Procurement of Drugs and Medicines**, per BAC Resolution No. AMP-NP-TFB-013A s,2020 through the use of Alternative Mode of Procurement, specifically **Two Failed Bidding** is hereby awarded to you at a Contract Price equivalent to **Six Hundred Ninety-Two thousand Six Hundred Twenty-Five Pesos (P 692,625.00)**.


ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	ORAL REHYDRATION SALTS (ORS 75- REPLACEMENT) 5.125G SACHET 5.125g SACHET	500	piece	7.25	3,625.00
2	CLINDAMYCIN, 300 MG CAPSULE 300 MG CAPSULE	5,000	piece	7.30	36,500.00
3	CLINDAMYCIN, 150 MG / ML, 2 ML AMPULE 150 MG/ ML, 2 ML AMPULE	2,000	piece	120.00	240,000.00
4	ORAL REHYDRATION SALTS (ORS 75- REPLACEMENT) 20.5G SACHET 20.5G SACHET	500	sachet	5.00	2,500.00
5	VANCOMYCIN, 1G VIAL (AS HYDROCHLORIDE) 1G VIAL (AS HYDROCHLORIDE)	1,000	vial	410.00	410,000.00
GRAND TOTAL P 692,625.00					

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. MEJIA, MD, FPSMS, MBAH, MPA, DHSM, DCDM, CESE
Medical Center Chief II

Conforms:


(Name of Representative of Bidder)

Performance Security:

Form of PS: Performance Bond 6(13) A 0325 10

(Authorized Signature)

5-27-2020

Amount: P 207,787.50

(Date)

Date: June 5 2020

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