



**NOTICE OF AWARD**

August 31, 2023

EMILY DELA CRUZ  
**3E DRUG**  
 Tuguegarao City, Philippines

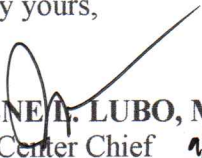
Dear Ma'am,

We are happy to notify you that your Bid date August 23, 2023 for the **SUPPLY AND DELIVERY OF MEDICAL SUPPLIES (2023-07-059)** for the contract price of equivalent to **FORTY-SIX THOUSAND FIVE HUNDRED PESOS (PhP 46,500.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

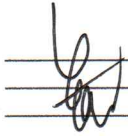
QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
100	box x 100	Disposable Syringe 1cc	195.00	19,500.00
30	Gal	Providoene 10 %	900.00	27,000.00
<b>TOTAL</b>				<b>46,500.00</b>

You are hereby required to provide within ten (10) days the performance security in the form and the amount stipulated in the Instructions to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

  
**MARLENE L. LUBO, MD, FPPS, MHA**  
 Medical Center Chief 9/14

Conforme:

NAME: \_\_\_\_\_  
 SIGNATURE:  \_\_\_\_\_  
 DATE: 9/28 \_\_\_\_\_





**NOTICE OF AWARD**

November 16, 2023

EMILY DELA CRUZ  
**3E DRUG**  
 Tuguegarao City, Philippines

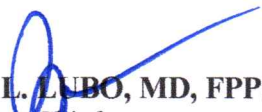
Dear Ma'am,

We are happy to notify you that your Bid date August 23, 2023 for the **SUPPLY AND DELIVERY OF MEDICAL SUPPLIES (2023-07-059)** for the contract price of equivalent to **ONE HUNDRED TWENTY THREE THOUSAND PESOS (PhP 123,000.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

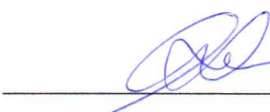
QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
100	roll	Cotton	150.00	15,000.00
150	roll	Gauze, Rolled(28 x 24 mesh)	720.00	108,000.00
<b>Total</b>				<b>123,000.00</b>

You are hereby required to provide within ten (10) days the performance security in the form and the amount stipulated in the Instructions to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

  
**MARLENE L. LINO, MD, FPPS, MHA**  
 Medical Center Chief

Conforme:

NAME: \_\_\_\_\_  
 SIGNATURE:  \_\_\_\_\_  
 DATE: 12-7-23

