



NOTICE OF AWARD

January 12, 2024

ABNER M. MANUBA
AVILA MEDICAL AND HOSPITAL SUPPLIES
1334 Rizal Avenue, Sta. Cruz, Manila

Dear Mr. Manuba

We are happy to notify you that your Bid date December 11, 2023 for the **SUPPLY AND DELIVERY OF VARIOUS MEDICAL SUPPLIES (EPA)** for the contract price of equivalent to **FIVE HUNDRED EIGHTY-THREE THOUSAND SIX HUNDRED THIRTY-FIVE PESOS (PhP 583,635.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
500	bot	Alcohol 70 % Ethyl 500ml	49.50	24,750.00
5	box x 100	Cotton Applicator 6" wooden stick	127.00	635.00
150	box x 100	Disposable Medical Cap	95.00	14,250.00
100	box x 100	Examination Gloves L powder free	165.00	16,500.00
300	box x 100	Examination Gloves M powder free	165.00	49,500.00
300	box x 100	Examination Gloves S powder free	165.00	49,500.00
20	Gal	Gluteraldehyde (28 days)	1,300.00	26,000.00
20	Gal	Hydrogen Peroxide	250.00	5,000.00
50	GAl	Disinfectant Solution Concentrated, Fresh Scent, Good for cleaning hospitals, 4 liters	1,560.00	78,000.00
100	box x 50	Sterile Gloves 7 powderless	745.00	74,500.00
100	box x 50	Sterile Gloves 7.5 powderless	745.00	74,500.00
100	box x 50	Sterile Gloves 6.5 powderless	745.00	74,500.00
1000	pcs	stool collector with spoon and lid 60ml	8.00	8,000.00
100	box x 100	Hypoallergenic Syringe 1cc G25x5/8", rotating luer lock	225.00	22,500.00
100	box x 100	Hypoallergenic Syringe 3cc G23x1", rotating luer lock	225.00	22,500.00
100	box x 100	Hypoallergenic Syringe 5 cc G23x1", rotating luer lock	225.00	22,500.00
20	box x 100	Tongue Depressor sterile, individually wrapped	150.00	3,000.00
1000	pcs	Urine Bag 2000ml	17.50	17,500.00
Total				583,635.00

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,

(Original signed)
MARLENE L. LUBO, MD, FPPS, MHA
Medical Center Chief

Conforme:
NAME: _____
SIGNATURE: _____
DATE: _____

