

Republic of the Philippines Department of Health

FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER





NOTICE OF AWARD

August 20, 2024

MAE KATHLEEN C. TALAUAN GETZ BROS. PHILIPPINES, INC.

Estancia Capital Commons, Meralco Ave, Oranbo, Pasig City

Dear Ms. Talauan,

We are happy to notify you that your Bid date July 31, 2024 for the **SUPPLY AND DELIVERY OF DRUGS AND MEDICINES** (2024-07-065-G) for the contract price of equivalent to **ONE HUNDRED FIFTEEN THOUSAND PESOS** (Php115,400.00) as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
300	tab	Clarithromycin 250mg	25.50	7,650.00
100	canister	Fluticasone+Salmeterol 125mcg+25mcgx120 doses Metered Dose Inhaler (MDI)	305.00	30,500.00
80	vial	Insulin, Isophane Human 100IU/ml, 10ml Suspension for Injection	450.00	36,000.00
375	bottle	Lactulose 3.3g/5ml (66%), 120ml Oral Solution	110.00	41,250.00
Total				115,400.00

You are hereby required to provide within ten calendar (10) days from the receipt of the Notice of Award (NOA) the performance security in any acceptable forms stipulated below equivalent to the percentage of the total contract price.

Form of Performance Security	Amount of Performance Security
	(Equal to Percentage of the Total
	Contract Price)
A. Cash or Cashier's/Manager's Check issued by a Universal or	
Commercial Bank	
B. Bank draft/guarantee or irrevocable letter of credit issued by a	Goods and Consulting Services- Five
Universal or Commercial Bank: Provided, however, that it	Percent (5%)
shall be confirmed or authenticated by a Universal or	
Commercial Bank, if issued by a foreign bank	<i>Infrastructure-</i> Ten Percent (10%)
C. Surety Bond callable upon demand issued by a surety or	
insurance company duly certified by the Insurance	Thirty Percent (30%)
Commission as authorized to issue such security	

Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Verv	v truly	yours

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

Conforme:	
NAME:	
SIGNATURE:	
DATE:	

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