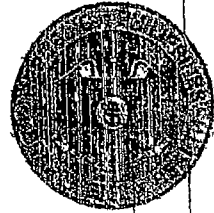




Republic of the Philippines  
 Department of Health  
**SAN LAZARO HOSPITAL**  
 Manila, Philippines  
 Telephone Nos.: 732-3776 to 78; 732-3106  
 E-Mail Address: slhbacoffice2018@gmail.com



December 28, 2018

**NOTICE OF AWARD**

CEI PHOTOCOPY  
 Procurement Department

**PANAMED PHILIPPINES, INC.**  
 Unit 2903 Antel Global Corporate Center,  
 #3 Doña Julia Vargas Ave., Ortigas Center, Pasig City  
 Telephone No.: (632) 6877888 / Fax No.: (632) 6872192

NESTLY MARIE R. TAGLE

Dear Sir / Madam:

This is to inform you that, as recommended by the Bids and Awards Committee through BAC Resolution No. AMP-057 s. 2018 dated December 28, 2018, the project: **Procurement of Various Medical Supplies** has been awarded to your company through **Alternative Method of Procurement: Repeat Order** with a total contract price of **THIRTEEN THOUSAND SEVEN HUNDRED FIFTY PESOS (PHP 13,750.00)** inclusive of local taxes is tabulated as follow:

Item No.	Particulars	Specifications	Total No. of Quantity	Unit	Unit Price	Total Price
24	Autoclave tape	Stenpack Autoclave Tape 25mm x 32 m (1") 90 per carton <b>BRAND: STERIPAK</b>	50	roll	275.00	13,750.00
<b>TOTAL AMOUNT</b>						<b>PHP 13,750.00</b>

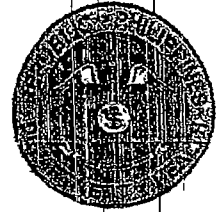
Relative thereto, you are hereby directed to submit, within ten (10) calendar days from receipt of this NOA your **WARRANTY SECURITY** in any form stipulated in the Revised IRR of Republic Act 9184 in the amount equivalent to percentage of the total contract price based on the schedule below:

Failure to provide the warranty security shall constitute sufficient ground for cancellation of the award. Please be guided accordingly.

<p>1. Cash or Letter of Credit issued by a Universal or Commercial Bank; Provided, however, That the Letter of Credit shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.</p>	<p>Five Percent (5%)</p>
---	--------------------------



Republic of the Philippines  
 Department of Health  
**SAN LAZARO HOSPITAL**  
 Manila, Philippines  
 Telephone Nos 732-3776 to 78, 732-3106  
 E-Mail Address: slhbacoffice2018@gmail.com



2. Bank guarantee confirmed by a Universal or Commercial Bank.	Ten Percent (10%)
3. Surety bond callable upon demand issued by GSIS or a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security	Thirty Percent (30%)

Very truly yours,

*[Signature]*  
**EDMUNDO B. LOPEZ, MD, MPH, MHA**  
 Medical Center Chief II

**CONFORME:**

*Paramed Phils., Inc*

Name of Company

*WILFRIDO C. MARUA*

Name and Signature of Authorized Signatory & Date

**CERTIFIED PHOTOCOPY**  
 Procurement Department

*[Signature]*  
 NESTLE MARIE R. TAGLE

