



Republic of the Philippines  
General Santos City  
City Mayor's Office



## NOTICE OF AWARD

**LEONCIA N. TAYONG**  
Authorized Representative  
**PHARMACEUTICA FILIPINA DE VISAYAS**  
247 NIVEL HILLS, LAHUG CEBU CITY

Dear Ms. TAYONG:

Pursuant to BAC Resolution No. [G2020-06-449](#) series of 2020, PURCHASE OF GYNECOLOGY AND OBSTETRICS MEDICINES FOR DJPRH awarded to your firm in the amount of ONE MILLION THREE HUNDRED TEN THOUSAND FIVE HUNDRED FIFTY PESOS ONLY ( P1,310,550.00 ) is equivalent to your bid and to be served within **30 calendar days** in accordance with the request of the LGU of General Santos City.

Item No.	Qty	Unit	DESCRIPTION	Unit Cost	Amount
<b>GYNECOLOGY AND OBSTETRICS</b>					
1	AMP	1000	CARBOPROST 125 MCG/0.5 ML SOLUTION FOR INJECTION 0.5ML ( <b>ENDOPROST</b> )	398.00	398,000.00
2	AMP	100	DEXAMETHASONE 4MG /ML,2ML ( <b>MOHSIDEX</b> )	118.00	11,800.00
3	TABLET	1000	ISOXSUPRINE 10MG ( <b>ISOPRINE</b> )	25.00	25,000.00
4	AMP	500	ISOXSUPRINE 5MG/ML,2ML	349.50	174,750.00
5	AMP	200	MAGNESIUM SULFATE 250MG/ML,10ML ( <b>EURO-MED</b> )	65.00	13,000.00
6	AMP	500	METHYLERGOMETRINE 200MCG/ML,1ML ( <b>CETHERGO</b> )	68.00	34,000.00
7	AMP	300	ONDANSETRON 2MG/ML,2ML	452.00	135,600.00
8	AMP	5000	OXYTOCIN 5 IU/ML,1ML ( <b>GYNE-TOCIN</b> )	54.80	274,000.00
<b>VITAMINS AND MINERALS</b>					
9	BOT	100	AMINO ACIDS 6%, 500ML	1,000.00	100,000.00
10	BOT	100	MULTIVITAMINS + DEXTROSE 500ML	1,098.00	109,800.00
<b>GI MEDICATION/ORALS</b>					
11	TABLET	500	DOMPERIDONE 10MG ( <b>MERDIFON</b> )	6.00	3,000.00
12	CAPSULE	200	RIFAXIMIN ALPHA 200MG	74.00	14,800.00
13	TABLET	200	URSODEOXYCHOLIC ACID 300MG	84.00	16,800.00



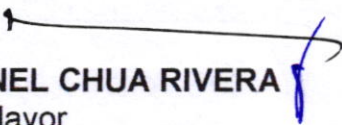
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	<p><b>***NOTHING FOLLOWS***</b></p> <p><b>CONDITIONS:</b></p> <p>1.) Bidders must bid all of the items per category with individual price quotation not to exceed the unit cost per line.</p> <p>2.) Winning bidder must submit certification from the company that the authorized representative is connected in the company for a certain period of time or until the expiration of after sales service offered.</p>	
<b>Total Amount in Words</b>	<b>ONE MILLION THREE HUNDRED TEN THOUSAND FIVE HUNDRED FIFTY PESOS ONLY</b>	<b>P 1,310,550.00</b>

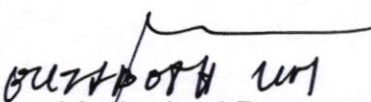
Please submit all documentary requirements to perfect the contract within ten (10) Calendar days after receipt hereof and signify acceptance of the award by affixing your signature below.

Very truly yours,

  
**RONNEL CHUA RIVERA**  
 City Mayor

Be it known by this acceptance that I have full knowledge and is obliged to post a **PERFORMANCE SECURITY** in the form of cash, certified check, cashier's, Manager's Check, bank draft or irrevocable letter of credit Bank guarantee and surety bond callable on demand upon signing the contract.

Accepted:

  
 Contractor / Authorized Representative

Date: AUGUST 18, 2020