



Department of Health  
Regional Office 1  
**MARIANO MARCOS MEMORIAL HOSPITAL AND MEDICAL CENTER**  
City of Batac, Ilocos Norte  
Trunk line 077-600-8000; Fax line 077-792-3133  
e-mail address: [mmmh\\_doh@yahoo.com](mailto:mmmh_doh@yahoo.com)  
"PHIC Accredited Health Care Provider"  
"ISO 9001:2015 Certified"

## NOTICE TO PROCEED

April 30, 2018  
Date

### THE MANAGER

BLUE SKY TRADING CO., INC.  
Blue Sky Bldg., 416 Dasmariñas St., Binondo, Mla.

Sir/Madame:

This is to inform you that your Purchase Order No. 2018-04-0558 dated April 30, 2018 has been approved and you may now proceed with the delivery of the item/s listed in the said Purchase Order.

Delivery should be completed within 60 calendar days from receipt of this notice.

In case of failure to make full delivery within the time specified above, a penalty of 1/10 of 1% of the cost of the undelivered item for every day of delay but not to exceed 10% shall be imposed, as per R. A. 9184

Enclosed is your copy of the above mentioned Purchase Order for your ready references in the prosecution of the transaction.

Very truly yours,

  
**MARIA LOURDES K. OTAYZA, MD, MHA, CESO V, FPOGS**  
Medical Center Chief II 

CONFORME:

\_\_\_\_\_  
Signature Over printed name, Manager  
and/or Authorized Representative

\_\_\_\_\_  
Date

*unit mechanical Ventilator*

Power requirements: 100-240 V AC, 50/60HZ, Class II Medical Equipment Transport power requirements: 12V DC will provide 2 pieces portable pulse oximeter 1. Certification from the manufacturer and supplier -----over-----			
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