



Republic of the Philippines
Department of Health
Regional Office I

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

"PHIC Accredited Health Care Provider"

"ISO 9001:2015 Certified"

"PGS Compliant"

NOTICE TO PROCEED

July 11, 2019

THE MANAGER

NEED INK SALES & SERVICES

Lot 1, Block 8, Dolores Homesite, Dolores,
City of San Fernando, Pampanga

Dear Sir/Madam:

The attached Contract Agreement having been approved, notice is hereby given to **NEED INK SALES & SERVICES** that the delivery of the **Various Information Technology Supplies for 2019 use – re bid** as stipulated in the attached contract agreement should be completed within the predetermined delivery schedule as specified in the contract agreement from receipt of this notice.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Mariano Marcos Memorial Hospital and Medical Center.

Very truly yours,

MARIA LOURDES K. OTAYZA, M.D., MHA, CESO V, FPOGS
Medical Center Chief II

I acknowledged receipt of this Notice on _____

Name of the Representative of the Bidder _____

Authorized Signature _____