



# BICOL SANITARIUM

San Pedro, Cabusao, Camarines Sur  
Telephone Nos.: (054) 473-2244 (054) 472-4422  
E-mail Address: [bicol-san@yahoo.com](mailto:bicol-san@yahoo.com)

## NOTICE OF AWARD

May 9, 2014

### MS. EVELOU Z. BALDON

Proprietor  
E & E Zaragoza Catering Service  
Palistina, Pili, Camarines Sur

Ms. Baldon:

Please be informed that as per result of the Public Bidding for the Procurement of Catering Service for the Municipal Leadership and Governance Program conducted last April 30, 2014, your quotation was determined as the Lowest Calculated and Responsive Bid and you are hereby awarded the following items:

Item Number	Agency Specifications	Number of participants	Unit Price	Total Price
1.	1 <sup>st</sup> Batch May 26, 2014 Dinner	20	175.00/head	3,500.00
	May 27-28, 2014 Breakfast AM Snacks Lunch PM Snacks Dinner	45/day	625.00/head	56,250.00
	May 29, 2014 Breakfast AM Snacks Lunch PM Snacks	45	430.00/head	19,350.00
2	2 <sup>nd</sup> Batch June 2, 2014 Dinner	20	175.00/head	3,500.00
	June 3-4, 2014 Breakfast AM Snacks Lunch PM Snacks Dinner	50/day	625.00/head	62,500.00
	June 5, 2014 Breakfast AM Snacks Lunch PM Snacks Dinner	50	430.00/head	21,500.00
3	June 10-12, 2014 (3rd Batch) June 17-19, 2014 (4 <sup>th</sup> Batch) June 24-26, 2014 (5 <sup>th</sup> Batch) July 1-3, 2014 (6 <sup>th</sup> Batch)			
	( June 9,16,23 & June 30, 2014) Dinner	30/day	175.00/head	21,000.00



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(June 10-11, 2014, June 17-18, 2014, June 24-25, 2014, July 1-2, 2014) Breakfast AM Snacks Lunch PM Snacks Dinner	50/day	625.00/head	250,000.00
June 12,19,26 & July 3, 2014) Breakfast AM Snacks Lunch PM Snacks	50/day	430.00/head	86,000.00
<b>TOTAL</b>			<b>523,600.00</b>

You are hereby required to provide within ten (10) days the performance security in the form and in the amount stipulated in the Instruction to Bidders. Failure to provide the Performance Security shall constitute sufficient ground for cancellation of the award and forfeiture of the Bid Security.

Truly yours,

SGD. **EDGARDO R. SARMIENTO, MD, CEO VI**  
Chief of Hospital II

Conforme: \_\_\_\_\_  
Name of Bidder

Date: \_\_\_\_\_



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