

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

21-324

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PURCHASE ORDER

Supplier:	<u>ZUELLIG PHARMA CORPORATION</u>	P.O. No.:	<u>24126</u>
Address:	<u>Km. 14 West Service Road, South Superhighway Cor. Edison Ave., Brgy. Sun Valley, Paranaque City, Philippines, 1700</u>	Date:	<u>03/26/2021</u>
E-mail Address:	_____	Mode of Procurement:	<u>DIRECT CONTRACTING</u>
Telephone No:	<u>(632) 908-2222 ; 789-4444</u>	PURPOSE:	_____
TIN:	_____	FOR OR USE	_____

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:
LUNG CENTER OF THE PHILIPPINES **10 WORKING DAYS**

Place of Delivery: 11 Delivery Term: **30 DAYS TERM**

Date of Delivery: _____ Payment Term: _____

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
BOX	SUTURE POLYGLACTIN CT-1.0, 90CM , 36MM	3	12,138.00	36,414.00
BOX	SUTURE POLYGLACTIN SH-1 4.0, 70CM , 22MM	3	21,675.00	65,025.00
	BOX OF 36"s			101,439.00
	***** NOTHING FOLLOWS *****			
		TOTAL :	PHP	101,439.00

Total Amount in Words: ONE HUNDRED ONE THOUSAND FOUR HUNDRED THIRTY NINE and 00/100 Only

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for everyday of delay shall be imposed for the undelivered portion.

Conforme: <u>Juancho B. Reyes</u> Account Manager Zuelig Pharma Corporation _____ Signature over printed name of Supplier	Very truly yours, <u>SULLIAN SY-NAVAL, M.D.</u> DIRECTOR / OFFICER - IN - CHARGE
Date: <u>4/9/21</u>	

Funds Available: _____

ALOBS No.: MO-21-CA-729

Amount: PHP 101,439.00

✓/3/21 Posted 5/6



LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE OF AWARD

March 25, 2021

ZUELLIG PHARMA CORPORATION

Km. 14 West Service Road, South Superhighway
cor. Edison Ave. Brgy. Sun Valley, Parañaque City
Philippines, 1700
Tel No. 908-22-22 / 789-44-44

Dear Sir/Madam:


This is to inform you that as an Exclusive Distributor, we are directly contracting with you the **MEDICAL SUPPLIES FOR OPERATING ROOM (O.R.) USE** in the amount of **ONE HUNDRED ONE THOUSAND FOUR HUNDRED THIRTY NINE PESOS & 00/100 (101,439.00)** only.

Unit	Description	Qty	Unit Cost	Amount
BOX	SUTURE POLYGLACTIN CT-1.0, 90CM, 36MM	3	12,138.00	36,414.00
BOX	SUTURE POLYGLACTIN SH-1 4.0, 70CM, 22MM	3	21,675.00	65,025.00
	36'S/BOX			
	***** NOTHING FOLLOWS *****			101,439.00
TOTAL				101,439.00

TOTAL AMOUNT IN WORDS ONE HUNDRED ONE THOUSAND FOUR HUNDRED THIRTY NINE PESOS & 00/100 (101,439.00) only.

The original NOA with signature on "Conforme" shall be returned within ten (10) working days upon receipt.

Very truly yours,



VINCENT M. BALANAG JR., MD
Executive Director

Conforme:

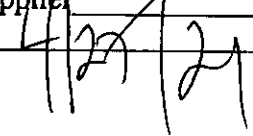


Juancho D. Reyns
Account Manager

Printed Name and Signature of Representative

Name of Bidder/Supplier

Date:





LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

March 29, 2021

ZUELLIG PHARMA CORPORATION

Km. 14 West Service Road, South Superhighway
cor. Edison Ave. Brgy. Sun Valley, Parañaque City
Philippines, 1700

Tel. No. 908-22-22 / 789-44-44

Dear Sir/Madam:

This is to inform you that **Purchase Order No. 24126 MEDICAL SUPPLIES FOR OPERATING ROOM (O.R.) USE** has been approved. You may now proceed with delivery of the item listed in the said Purchase Order

Delivery should be completed within **ten (10) working days** from receipt of this notice.

Enclosed in the original Purchase Order for your ready reference in the execution of this transaction.

Very truly yours,

VINCENT M. BALANAG JR., MD
Executive Director

CONFORME:

Received Original


Juanchito D. Reyes
Account Manager

Zuellig Pharma Corporation

Signature Over Printed Name

Authorized Representative

Date: 