

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

PURCHASE ORDER

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Supplier: <u>LABMATE PHARMA INC.</u>	P.O. No.: <u>24158</u>
Address: <u>3RD Floor Jafer Bldg., 11B West Avenue, Quezon City, Philippines, 1104</u>	Date: <u>04/07/2021</u>
E-mail Address: <u>labmate_pharma@yahoo.com</u>	Mode of Procurement: <u>DIRECT CONTRACTING</u>
Telephone No: <u>(02) 927-3211</u>	PURPOSE: <u>FOR PATHOLOGY (IMMUNOLOGY) USE</u>
TIN: _____	

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: ++ Delivery Term: _____
Date of Delivery: _____ Payment Term: **30 DAYS TERM**

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
KIT	HUBI CRP QUARANTINE CRP TEST	20	9,375.00	187,500.00
	25 TEST / KIT			187,500.00
	***** NOTHING FOLLOWS *****			
		TOTAL :	PHP	187,500.00

Total Amount in Words: ONE HUNDRED EIGHTY SEVEN THOUSAND FIVE HUNDRED 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: *[Signature]* Very truly yours,
Signature over printed name of Supplier **SULLIAN SY-NAVAL, M.D.**
DIRECTOR / OFFICER - IN - CHARGE

Date: 4/13/2021

Funds Available: _____ ALOBS No.: 141-2020-2418-21-04-110
Amount: _____ 187,500 -

5/3/21 *posted 5/3* RDC



LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE OF AWARD

April 5, 2021

LABMATE PHARMA, INC.

3rd Floor Jafer Bldg., 11B West Avenue

Quezon City, Philippines, 1104

Tel No.: (02).927-32-11

Dear Sir / Madam;

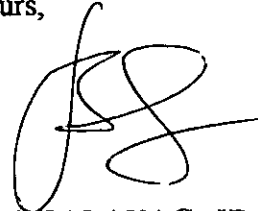
This is to inform you that as an **Exclusive Distributor**, we are directly contracting with you the **LABORATORY SUPPLIES FOR IMMUNOLOGY SECTION USE** in the amount of **ONE HUNDRED EIGHTY SEVEN THOUSAND FIVE HUNDRED PESOS & 00/100 (187,500.00) only.**

Unit	Description	Qty	Unit Cost	Amount
KIT	HUBI CRP QUARANTINE CRP TEST 25 TEST/KIT	20	9,375.00	187,500.00
	***** NOTHING FOLLOWS *****			187,500.00
TOTAL				187,500.00

TOTAL AMOUNT IN WORDS ONE HUNDRED EIGHTY SEVEN THOUSAND FIVE HUNDRED PESOS & 00/100 (187,500.00) 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:

Agolloso, Wina Claire Annette
Printed Name and Signature of Representative
Name of Bidder/Supplier Labmate Pharma Inc.
Date: 4/5/2021



LUNG CENTER OF THE PHILIPPINES
Quezon Avenue Extension, Quezon City, Philippines 1100
ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

April 8, 2021

LABMATE PHARMA, INC.
3rd Floor Jafer Bldg., 11B West Avenue
Quezon City, Philippines, 1104
Tel No.: (02) 927-32-11

Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24158 LABORATORY SUPPLIES FOR IMMUNOLOGY SECTION 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

Signature Over Printed Name
Authorized Representative
Date: 4/13/2021