

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

PURCHASE ORDER

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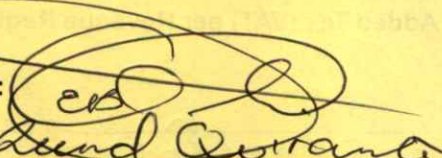
Supplier: MEDSCAPE MARKETING **P.O. No.:** 24349
Address: No. 21 Unit D, Rose Avenue, Pilar Village,, Las Pinas City,1740 **Date:** 05/31/2021
E-mail Address: _____ **Mode of Procurement:** DIRECT CONTRACTING
Telephone No: 358-03-63 / 211-41-45 **PURPOSE:** _____
TIN: _____ **FOR OR USE** _____

Gentlemen:
 Please furnish this office the following articles subject to the terms and conditions contained herein:
Place of Delivery: LUNG CENTER OF THE PHILIPPINES **Delivery Term:** 10 WORKING DAYS
Date of Delivery: 11 **Payment Term:** 30 DAYS TERM

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
PCS	ELECTROSURGICAL PENCIL HANDSWITCH, EXTENDABLE	75	1,200.00	90,000.00
*****	NOTHING FOLLOWS *****			90,000.00
		TOTAL :	PHP	90,000.00

Total Amount in Words: NINETY THOUSAND 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 over printed name of Supplier

Very truly yours,
SULLIAN SY-NAVAL, M.D.
 DIRECTOR / OFFICER - IN - CHARGE

Date: 6-10-21

Funds Available: _____ **ALOBS No.:** MC 21-11-10-0
 _____ **Amount:** 7,100.00

6/15/21 Posted 6/18

LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE OF AWARD

May 28, 2021

MEDSCAPE MARKETING

No. 21 Unit D, Rose Avenue, Pilar Village

Las Piñas City, 1740

Tel. No.: 358-03-63 / 211-41-45

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 **NINETY THOUSAND PESOS & 00/100 (90,000.00)** only.

Unit	Description	Qty	Unit Cost	Amount
PCS	ELECTROSURGICAL PENCIL HANDSWITCH, EXTENDABLE	75	1,200.00	90,000.00
	***** NOTHING FOLLOWS *****			90,000.00
TOTAL				90,000.00

TOTAL AMOUNT IN WORDS NINETY THOUSAND PESOS & 00/100 (90,000.00) only.

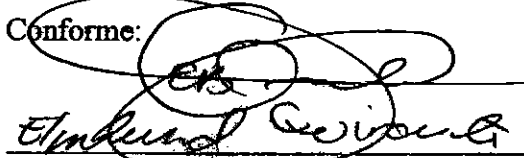
The original NOA with signature on "Conforme" shall be returned within ten (10) working days upon receipt.

Very truly yours,



VINCENT M. BALANAG JR., MD
Officer-In-Charge

Conforme:



Printed Name and Signature of Representative

Name of Bidder/Supplier Medical Mart

Date: 6-10-21

LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

June 1, 2021

MEDSCAPE MARKETING

No. 21 Unit D, Rose Avenue, Pilar Village

Las Piñas City, 1740

Tel. No.: 358-03-63 / 211-41-4501

Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24349 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
Officer-In-Charge

CONFORME:

Received Original


Eduardo C. Soriano

Signature Over Printed Name

Authorized Representative

Date: 6-10-21