

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

*Scanned
ok philby93*

X

PURCHASE ORDER

Supplier: <u>ZAFIRE DISTRIBUTORS, INC.</u>	P.O. No.: <u>24738</u>
Address: <u>#49 Examiner St., West Triangle, Quezon City, 1104</u>	Date: <u>10/06/2021</u>
E-mail Address: _____	Mode of Procurement: <u>SMALL VALUE</u>
Telephone No: <u>(632) 925-0500 ; 925-0501 ; 411-0500 ;</u>	PROCUREMENT
TIN: <u>004-091-350-000</u>	PURPOSE: _____
	FOR OR USE


Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

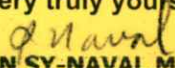
Place of Delivery: <u>LUNG CENTER OF THE PHILIPPINES</u>	Delivery Term: <u>7 DAYS</u>
Date of Delivery: <u>11</u>	Payment Term: <u>30 DAYS TERM</u>

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
PCS	DISPOSABLE SCRUB SUIT SMALL	200	253.00	50,600.00
	SENTINEX SCRUB SUITS SIZE SMALL, GREEN,SOFT			50,600.00
	***** NOTHING FOLLOWS *****			
		TOTAL :	PHP	50,600.00

Total Amount in Words: FIFTY THOUSAND SIX 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: 
IGNACIO BIEN
Signature over printed name of Supplier

Very truly yours,

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

Date: 10-15-21

Funds Available: _____	ALOBS No.: <u>MO-21-10-040</u>
	Amount: <u>₱ 50,600.00</u>

10/18/21

Phn 10/21/21

LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

October 7, 2021

ZAFIRE DISTRIBUTORS, INC.

#49 Examiner St., West Triangle,

Quezon City, 1104

Tel. No: 925-05-00 / 925-05-01 / 411-05-00

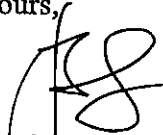
Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24738 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 seven (7) days from receipt of this notice.

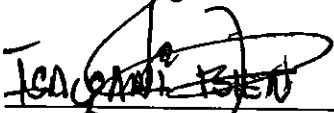
Enclosed in the original Purchase Order for your ready reference in the execution of this transaction.

Very truly yours,



VINCENT M. BALANAG JR., MD
Executive Director

CONFORME:
Received Original



Signature Over Printed Name

Authorized Representative

Date: 10-15-21