

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

*Scanned
sk phil 6/25*

PURCHASE ORDER

Supplier: <u>JT OFFICE SUPPLIES AND EQUIPMENT TRADING</u> Address: <u>BUHAY NA TUBIG,, IMUZ,, CAVITE</u> E-mail Address: _____ Telephone No: <u>2459626</u> TIN: _____	P.O. No.: <u>24742</u> Date: <u>10/07/2021</u> Mode of Procurement: <u>SHOPPING</u> PURPOSE: _____ MMD - FOR HOSPITAL USE
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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> Date of Delivery: <u>11</u>	Delivery Term: <u>10 DAYS</u> Payment Term: <u>30 DAYS TERM</u>
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UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
PCS	INK EPSON 003-BLACK	80	210.00	16,800.00
BOTT	INK EPSON T7741	100	598.00	59,800.00
*****NOTHING FOLLOWS*****				76,600.00
TOTAL :			PHP	76,600.00

Total Amount in Words: SEVENTY SIX 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:

Signature over printed name of Supplier

Very truly yours,
Victoria C. Idolor
VICTORIA C. IDOLOR, M.D.
DIRECTOR / OFFICER - IN - CHARGE

Date: _____

Funds Available: _____

ALOBS No.:

Amount:

MO-21-10-3101

₱ 76,600.00

RDC

11/2/21 PMR 11/9

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

NOTICE TO PROCEED

October 8, 2021

JT OFFICE SUPPLIES AND EQUIPMENT TRADING

Buhay na tubig, Imus Cavite

Tel: 245-9626

Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24742 INK, EPSON 003-BLACK AND INK T7741 FOR MATERIAL MANAGEMENT DIVISION (MMD) STOCK 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) 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: _____