

**LUN CENTER OF THE PHILIPPINES**  
Quezon Avenue, Quezon City

APPENDIX a-2

*Scanned  
in Philippines*

**PURCHASE ORDER**

<b>Supplier:</b> <u>PROFCARE MEDICAL &amp; LINEN SUPPLIES</u> <b>Address:</b> <u>406 Cavite Street Gagalangin, Tondo, Manila</u> <b>E-mail Address:</b> <u>profcare.2011@yahoo.com</u> <b>Telephone No:</b> <u>(02) 452-6632</u> <b>TIN:</b> _____	<b>P.O. No.:</b> <u>24796</u> <b>Date:</b> <u>10/27/2021</u> <b>Mode of Procurement:</b> <u>SMALL VALUE PROCUREMENT</u> <b>PURPOSE:</b> <u>FOR CSSR USE</u>
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**Gentlemen:**  
Please furnish this office the following articles subject to the terms and conditions contained herein:

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

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
PCS	POSTMORTEM KIT NON-WOVEN P.O.	700	195.00	136,500.00
	***** NOTHING FOLLOWS *****			136,500.00
		TOTAL :	PHP	136,500.00

**Total Amount in Words:** ONE HUNDRED THIRTY SIX 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.

<b>Conforme:</b> <u>JACRIG SULLIAN</u> Signature over printed name of Supplier	Very truly yours, <u>SULLIAN SY-NAVAL, M.D.</u> DIRECTOR / OFFICER - IN - CHARGE
<b>Date:</b> <u>11-15-21</u>	

<b>Funds Available:</b> _____	<b>ALOBS No.:</b> <u>MO-21-11-2348</u> <b>Amount:</b> <u>₱ 136,500.00</u>
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**LUNG CENTER OF THE PHILIPPINES**

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

**NOTICE TO PROCEED**

October 28, 2020

**PROFCARE MEDICAL & LINEN SUPPLIES**

406 Cavite Street Gagalangin,

Tondo, Manila

Tel. No. (02) 452-6632

Dear Sir/Madam:

This is to inform you that **Purchase Order No. 24796 MEDICAL SUPPLIES FOR CENTRAL SUPPLY AND STERILIZATION SERVICES (CSSS) 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 **thirty (30) 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: 11-14-21