

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

*Scanned
ok 10/16/21*

PURCHASE ORDER

| | | | |
|------------------------|---|-----------------------------|------------------------------------|
| Supplier: | <u>QUALIFIRST HEALTH, INC.</u> | P.O. No.: | <u>24811</u> |
| Address: | <u>Unit 902 City State Center Bldg., 709 Shaw Blvd., Pasig City</u> | Date: | <u>10/28/2021</u> |
| E-mail Address: | _____ | Mode of Procurement: | <u>SMALL VALUE PROCUREMENT</u> |
| Telephone No: | <u>N/A</u> | PURPOSE: | <u>FOR PHARMACY 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: 11/11/21 **Payment Term:** 30 DAYS TERM

| UNIT | DESCRIPTION | QTY | UNIT COST | AMOUNT |
|-------|-----------------------------|---------|-----------|------------|
| PCS | OMEPRAZOLE 40MG VIAL (P.O.) | 12,150 | 26.38 | 320,517.00 |
| ***** | NOTHING FOLLOWS ***** | | | 320,517.00 |
| | | TOTAL : | PHP | 320,517.00 |

Total Amount in Words: THREE HUNDRED TWENTY THOUSAND FIVE HUNDRED SEVENTEEN 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:  Very truly yours,

Signature over printed name of Supplier **VINCENT M. BALANAG JR., M.D.**

DIRECTOR / OFFICER - IN - CHARGE

Date: 11/11/21

Funds Available: _____ **ALOBS No.:** MD-21-11-3362

Amount: ₱ 320,517.00

11/18/21 pnr 12/7

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

NOTICE TO PROCEED

October 29, 2021

QUALIFIRST HEALTH, INC.
Unit 902 City State Center Bldg., 709 Shaw Blvd.,
Pasig City

Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24811 DRUGS AND MEDICINES FOR PHARMACY 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


REMY BUNJ
Signature Over Printed Name
Authorized Representative
Date: 11/11/21