

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

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PURCHASE ORDER

| | | | |
|------------------------|---|-----------------------------|--------------------|
| Supplier: | <u>METRO DRUG, INC.</u> | P.O. No.: | <u>24818</u> |
| Address: | <u>Sta. Rosa Estate, Brgy. Macabling, Sta. Rosa, Laguna, 4026</u> | Date: | <u>11/02/2021</u> |
| E-mail Address: | _____ | Mode of Procurement: | <u>SMALL VALUE</u> |
| Telephone No: | <u>(02) 802-7575</u> | PROCUREMENT | _____ |
| TIN: | <u>004-641-985-00000</u> | PURPOSE: | _____ |
| | | | FOR PHARMACY 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

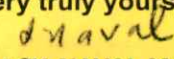
| UNIT | DESCRIPTION | QTY | UNIT COST | AMOUNT |
|------|-----------------------------|---------|-----------|------------|
| PCS | MEROPENEM 500MG VIAL (P.O.) | 750 | 250.00 | 187,500.00 |
| | ***** NOTHING FOLLOWS ***** | | | 187,500.00 |
| | | TOTAL : | PHP | 187,500.00 |

Total Amount in Words: ONE HUNDRED EIGHTY SEVEN 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.

Conforme:

ANNIELYN B. OZON
 Key Account Specialist
 Signature over printed name of Supplier

Very truly yours,

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

Date: 11/17/21

Funds Available: _____ **ALOBS No.:** MU-21-11-3368
 _____ **Amount:** ₱187,500.00

12/3/21 pmm rts

LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

November 3, 2021

METRO DRUG, INC.
Mañalac Ave., Bagumbayan
Taguig City, 1631
Tel: 802-75-75

Dear Sir/ Madam:

This is to inform you that Purchase Order No. 24818 DRUGS AND MEDICINES FOR PHARMACY STOCK USE 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


ANNIELYN B. DIZON
Key Account Specialist

Signature Over Printed Name
Authorized Representative
Date: 11/17/21