



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

**NOTICE TO PROCEED**

April 8, 2021

**PHILCARE PHARMA, INC.**  
No. 3 Mahogany Street, Agapito Subd.,  
Santolan Pasig City  
Tel. No: 682-34-66 / 646-06-92

**Dear Sir/ Madam:**

This is to inform you that **Purchase Order No. 24156 MEDICAL SUPPLIES FOR MEDICAL INTENSIVE CARE UNIT (MICU) 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

**BONNY ALCA BARRIA**

Signature Over Printed Name  
Authorized Representative  
Date: 4-19-21

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

APPENDIX a-2

**PURCHASE ORDER**

21-332

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Supplier: PHILCARE PHARMA, INC. P.O. No.: 24156  
 Address: No. 3 Mahogany Street, Agapito Subd., Santolan Pasig City Date: 04/07/2021  
 E-mail Address: \_\_\_\_\_ Mode of Procurement: DIRECT CONTRACTING  
 Telephone No: 682-3466 ; 646-0692 PURPOSE: \_\_\_\_\_  
 TIN: \_\_\_\_\_ FOR MICU USE

Gentlemen:  
 Please furnish this office the following articles subject to the terms and conditions contained herein:  
 Place of Delivery: \_\_\_\_\_ Delivery Term: 10 WORKING DAYS  
 Date of Delivery: \_\_\_\_\_ Payment Term: 30 DAYS TERM

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
PCS	AG COFFILL (CMH20), INFLATOR TRACHEAL TUBE COFF	20	1,950.00	39,000.00
BOX OF 10's				39,000.00
*****	NOTHING FOLLOWS *****			
	<b>TOTAL :</b>		<b>PHP</b>	<b>39,000.00</b>

Total Amount in Words: THIRTY NINE THOUSAND 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,  
Bonn Ma Barrig SULLIAN SY-NAVAL, M.D.  
 Signature over printed name of Supplier DIRECTOR / OFFICER - IN - CHARGE  
 Date: 4-19-21

Funds Available: \_\_\_\_\_ ALOBS No.: MO-21-04-795  
 Amount: ₱ 39,000.00

st/m Posted st



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

**NOTICE OF AWARD**

**April 5, 2021**

**PHILCARE PHARMA, INC.**  
No. 3 Mahogany Street, Agapito Subd.,  
Santolan Pasig City  
Tel. No: 682-34-66 / 646-06-92

**Dear Sir / Madam;**

This is to inform you that as an **Exclusive Distributor**, we are directly contracting with you the **MEDICAL SUPPLIES FOR MEDICAL INTENSIVE CARE UNIT (MICU) USE** in the amount of **THIRTY NINE THOUSAND PESOS & 00/100 (39,000.00) only**.

<b>Unit</b>	<b>Description</b>	<b>Qty</b>	<b>Unit Cost</b>	<b>Amount</b>
<b>PCS</b>	<b>AG CUFFILL (CMH20), INFLATOR TRACHEAL TUBE  10'S/BOX</b>	<b>20</b>	<b>1,950.00</b>	<b>39,000.00</b>
	<b>***** NOTHING FOLLOWS *****</b>			<b>39,000.00</b>
<b>TOTAL</b>				<b>39,000.00</b>
<b>TOTAL AMOUNT IN WORDS THIRTY NINE THOUSAND PESOS &amp; 00/100 (39,000.00) only.</b>				

The original NOA with signature on "Conforme" shall be returned within ten (10) working days upon receipt.

Very truly yours,



VINCENT M. BALANAG JR., MD  
Executive Director

Conforme:



Romal Alce Battia

Printed Name and Signature of Representative

Name of Bidder/Supplier Philecare Pharma Inc.

Date: 4-19-21