



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

NOTICE TO PROCEED

May 26, 2021

ST. TYKE, INC.
 Rm. 305 Cityland III, 105 V.A. Rufino St.
 Legaspi Village, Makati City
 Tel. No: (632) 894-01-28 / (632) 894-19-98

Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24324 LABORATORY SUPPLIES FOR BLOOD BANK SECTION USE** has been approved. You May now proceed with delivery of the item listed in the said Purchase order.

Delivery should be completed within **two to five (2-5) 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: 06/19/21

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

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PURCHASE ORDER

Supplier:	<u>ST. TYKE, INC.</u>	P.O. No.:	<u>24324</u>
Address:	<u>Rm. 305 Cityland III, 105 V.A. Rufino St., Legaspi Village, MAKATI City</u>	Date:	<u>05/25/2021</u>
E-mail Address:	<u>www.sttyke.com</u>	Mode of Procurement:	<u>DIRECT CONTRACTING</u>
Telephone No:	<u>+63 2 894-0128 / +63 2 894-1998</u>	PURPOSE:	<u>FOR PATHOLOGY USE</u>
TIN:			

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>	Delivery Term:	<u>2 - 5 DAYS</u>
Date of Delivery:	<u>11</u>	Payment Term:	<u>30 DAYS TERM</u>

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
BOX	BANDAGE, ADHESIVE PRESSURE W/ HEMOSTATIC PAD	10	1,200.00	12,000.00
	***** NOTHING FOLLOWS *****			12,000.00
	TOTAL :		PHP	12,000.00

Total Amount in Words: TWELVE 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:
[Signature]
FERRIL CABAJIT
Signature over printed name of Supplier

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

Date: 06/14/21

Funds Available: _____
ALOBS No.: MD-21-06-1071
Amount: + 12,000.00

6/12 Dated 6/10



LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE OF AWARD

May 24, 2021

ST. TYKE, INC.

Rm. 305 Cityland III, 105 V.A. Rufino St.

Legaspi Village, Makati City

Tel. No: (632) 894-01-28 / (632) 894-19-98

Dear Sir / Madam;

This is to inform you that as an **Exclusive Distributor**, we are directly contracting with you the **LABORATORY SUPPLIES FOR BLOOD BANK SECTION USE** in the amount of **TWELVE THOUSAND PESOS & 00/100 (12,000.00)** only.

Unit	Description	Qty	Unit Cost	Amount
BOX	BANDAGE, ADHESIVE PRESSURE W/ HEMOSTATIC PAD	10	1,200.00	12,000.00
	***** NOTHING FOLLOWS *****			12,000.00
TOTAL				12,000.00

TOTAL AMOUNT IN WORDS TWELVE THOUSAND PESOS & 00/100 (12,000.00) only.

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:



Ferdinand Caballero

Printed Name and Signature of Representative

Name of Bidder/Supplier

Date: 06/14/21