



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

NOTICE TO PROCEED

May 26, 2021

MACARE MEDICALS, INC.
 67 Antonio Luna Street, Project 4
 Quezon City, Philippines, 1109
 Tel. No: 913-4201 ; 913-4163 ; 913-5937

Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24330 MEDICAL SUPPLIES FOR OPERATING ROOM (O.R.) 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

[Handwritten Signature] 4/13/21
 RUTH CODY J. TEODORO
 Signature Over Printed Name
 Authorized Representative
 Date: 5/2/21

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

PURCHASE ORDER

21-472
X

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N/A
ok 06/06/21

Supplier: MACARE MEDICALS, INC. **P.O. No.:** 24330
Address: 67 Antonio Luna Street, Project 4, Quezon City, Philippines, 1109 **Date:** 05/25/2021
E-mail Address: sales@macare-medicals.com **Mode of Procurement:** DIRECT CONTRACTING
Telephone No: (632) 913-4201 ; 913-4163 ; 913-5937 **PURPOSE:** _____
TIN: 001-029-078-000 **FOR OR 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
SET	PEG FR. 24	2	8,970.00	17,940.00
*****	NOTHING FOLLOWS *****			17,940.00
	TOTAL :		PHP	17,940.00

Total Amount in Words: SEVENTEEN THOUSAND NINE HUNDRED FORTY 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] 06/03/21
RUTH JONIA J. TESORERO
Signature over printed name of Supplier

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

Date: 6/03/21

Funds Available: _____ **ALOBS No.:** MO-21-06-1481
Amount: ₱ 17,940.00

4/21 Postad 6/18



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

NOTICE OF AWARD

May 24, 2021

MACARE MEDICALS, INC.
67 Antonio Luna Street, Project 4
Quezon City, Philippines, 1109
Tel. No: 913-42-01 / 913-41-63 / 913-59-37

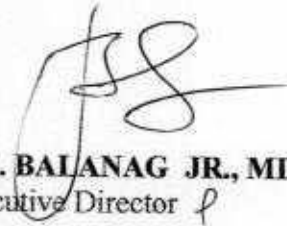
Dear Sir / Madam;

This is to inform you that we are directly contracting with you the **MEDICAL SUPPLIES FOR OPERATING ROOM (O.R.) USE** in the amount of **SEVENTEEN THOUSAND NINE HUNDRED FORTY PESOS & 00/100 (17,940.00)** only.

Unit	Description	Qty	Unit Cost	Amount
SET	PEG FR.24	2	8,970.00	17,940.00
	***** NOTHING FOLLOWS *****			17,940.00
TOTAL				17,940.00
TOTAL AMOUNT IN WORDS SEVENTEEN THOUSAND NINE HUNDRED FORTY PESOS & 00/100 (17,940.00) 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:

encl and 4/3/21
RUTH JOY C. TESORERO
Printed Name and Signature of Representative
Name of Bidder/Supplier
Date: 5/24/21