



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

NOTICE TO PROCEED

July 21, 2021

IDS MEDICAL SYSTEMS PHILIPPINES, INC.
10th flr., BTTC Centre, 288 Ortigas Avenue
Greenhills, San Juan City
Tel. No: 737-9898

Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24490 AUTO TRANSFUSION PROCEDURE KIT 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 fourteen (14) 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

JEROME D. VALDER

Signature Over Printed Name
Authorized Representative
Date: July 06, 2021

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

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PURCHASE ORDER

Supplier:	<u>IDS MEDICAL SYSTEMS PHILIPPINES, INC.</u>	P.O. No.:	<u>24490</u>
Address:	<u>10th Floor BTTC Centre, 288 Ortigas Ave., Greenhills, San Juan City, Philippines, 1503</u>	Date:	<u>07/19/2021</u>
E-mail Address:		Mode of Procurement:	<u>DIRECT CONTRACTING</u>
Telephone No:	<u>(632) 737-98-98</u>	PURPOSE:	
TIN:		FOR OR USE	

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:
LUNG CENTER OF THE PHILIPPINES

Place of Delivery:	<u>LUNG CENTER OF THE PHILIPPINES</u>	Delivery Term:	<u>7-14 DAYS</u>
Date of Delivery:		Payment Term:	<u>30 DAYS TERM</u>

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
SET	AUTO TRANSFUSION PROCEDURE KIT	5	15,000.00	75,000.00
***** NOTHING FOLLOWS *****				75,000.00
TOTAL			PHP	75,000.00

Total Amount in Words: SEVENTY FIVE 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: <u>JEROME NAVAL</u> Signature over printed name of Supplier	Very truly yours, <u>J Naval</u> SULLIAN SY-NAVAL, M.D. DIRECTOR / OFFICER - IN - CHARGE
Date: <u>7-20-21</u>	

Funds Available:	ALOBS No.: <u>MO-21-07-2072</u>
	Amount: <u>₱ 75,000.00</u>

8/9/21 PHIN 8/13



LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

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NOTICE OF AWARD

July 16, 2021

IDS MEDICAL SYSTEMS PHILIPPINES, INC.

10th flr., BTTC Centre, 288 Ortigas Avenue

Greenhills, San Juan City

Tel. No: 737-9898

Dear Sir / Madam;

This is to inform you that as an **Exclusive Distributor** we are directly contracting with you the **AUTO TRANSFUSION PROCEDURE KIT FOR OPERATING ROOM (O.R.) USE** in-the amount of **SEVENTY FIVE THOUSAND PESOS & 00/100 (75,000.00) only.**

Unit	Description	Qty	Unit Cost	Amount
SET	AUTO TRANSFUSION PROCEDURE KIT	5	15,000.00	75,000.00
	***** NOTHING FOLLOWS *****			75,000.00
TOTAL				75,000.00
TOTAL AMOUNT IN WORDS SEVENTY FIVE THOUSAND PESOS & 00/100 (75,000.00) 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:

JEROME VALDER 
Printed Name and Signature of Representative
Name of Bidder/Supplier
Date: JUL 14, 2011