



LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE TO PROCEED

August 24, 2021

RESPICARE ENTERPRISES, INC.

Narciso Bldg. II, 23 Fisheries Street,

Barangay Vastra, Quezon City

Tel. No: 920-78-55 / 709-64-42 / 455-10-52 / 387-64-12

Dear Sir/ Madam:

This is to inform you that **Purchase Order No. 24600 MEDICAL ACCESSORIES FOR MINDRAY, PATIENT MONITOR – WARD 2A USE** has been approved. You May now proceed with delivery of the item listed in the said Purchase order.

Delivery should be completed within **thirty to forty five (30-45) 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

Andrew D. Carlos

Signature Over Printed Name

Authorized Representative

Date: 9/2/2021

LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

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PURCHASE ORDER

Supplier: RESPICARE ENTERPRISES, INC. P.O. No.: 24600
 Address: Narciso Bldg. II, 23 Fisheries Street, Barangay Date: 08/23/2021
Vasra, Quezon City Mode of Procurement: DIRECT CONTRACTING
 E-mail Address: _____ PURPOSE: _____
 Telephone No: 920-7855 ; 709-6442 ; 455-1052 ; 387-6412 FOR WARD 2A USE
 TIN: 100-050-266-000

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: 30-45 DAYS
 Date of Delivery: 11 Payment Term: 30 DAYS TERM

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
PCS	BP CUFF (ADULT)	1	2,800.00	2,800.00
PCS	NIBP CUFF	2	2,800.00	5,600.00
*****	NOTHING FOLLOWS *****			8,400.00
		TOTAL :	PHP	8,400.00

Total Amount in Words: EIGHT THOUSAND FOUR 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: Andreas J. Cortes
 Signature over printed name of Supplier

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

Date: 9/2/2021

Funds Available: _____ ALOBS No.: MO-21-08-2410
 Amount: ₱ 8,400.00

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

NOTICE OF AWARD

August 20, 2021

RESPICARE ENTERPRISES, INC

Narciso Bldg. II, 23 Fisheries Street,
 Barangay Vastra, Quezon City

Tel. No: 920-78-55 / 709-64-42 / 455-10-52 / 387-64-12

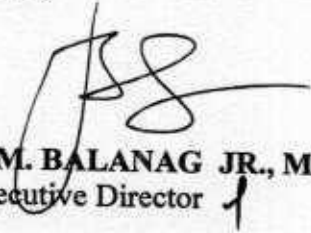
Dear Sir / Madam;

This is to inform you that as an Exclusive Distributor, we are directly contracting with you the **MEDICAL ACCESSORIES FOR MINDRAY, PATIENT MONITOR – WARD 2A USE** in the amount of **EIGHT THOUSAND FOUR HUNDRED PESOS 00/100 (8,400.00) only.**

Unit	Description	Qty	Unit Cost	Amount
PCS	BP CUFF (ADULT)	1	2,800.00	2,800.00
PCS	NIBP CUFF	2	2,800.00	5,600.00
	***** NOTHING FOLLOWS *****			8,400.00
TOTAL				8,400.00
TOTAL AMOUNT IN WORDS EIGHT THOUSAND FOUR HUNDRED PESOS 00/100 (8,400.00) 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:

ANDREW ^{aj.} D. CARLOS

Printed Name and Signature of Representative

Name of Bidder/Supplier RESPI CARE ENT. INC

Date: 8/23/2021