



LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED
NOTICE TO PROCEED

October 15, 2021

ZUELLIG PHARMA CORPORATION

Km. 14 West Service Road, South Superhighway
cor. Edison Ave. Brgy. Sun Valley, Parañaque City
Philippines, 1700

Tel. No. 908-22-22 / 789-44-44

Dear Sir/Madam:

This is to inform you that **Purchase Order No. 24750 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

Signature Over Printed Name
Authorized Representative

Date: 10/29/2021

LUN CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

APPENDIX a-2

DOH-077 Scanned
de Paul Reyes

PURCHASE ORDER

Supplier: ZUELLIG PHARMA CORPORATION
 Address: Km. 14 West Service Road, South Superhighway
Cor. Edison Ave., Brgy. Sun Valley, Paranaque
City, Philippines, 1700
 E-mail Address: _____
 Telephone No: (632) 908-2222 ; 769-4444
 TIN: _____

P.O. No.: 24750
 Date: 10/14/2021
 Mode of Procurement: DIRECT CONTRACTING

PURPOSE: _____
 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
 Date of Delivery: 11
 Delivery Term: 10 WORKING DAYS
 Payment Term: 30 DAYS TERM

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
BOX	POLYGLACTIN 910, 2-0.70CM X 36MM UROLOGY 6.	3	14,739.00	44,217.00
	COATED VICRYL PLUS VIOLET BOX OF 36's			44,217.00
	***** NOTHING FOLLOWS *****			
	TOTAL: PHP			44,217.00

Total Amount in Words: FORTY FOUR THOUSAND TWO HUNDRED SEVENTEEN 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 every day of delay shall be imposed for the undelivered portion.

Conforme: Juanito Reyes
 Signature over printed name of Supplier
 Date: 10/29/2021

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

Funds Available: _____

ALOBS No.: DOH 24 0426-21-10-08
 Amount: ₱ 44,217.00

11/2/21 pmn 11/9



LUNG CENTER OF THE PHILIPPINES

Quezon Avenue Extension, Quezon City, Philippines 1100

ISO 9001:2015 CERTIFIED

NOTICE OF AWARD

October 13, 2021

ZUELLIG PHARMA CORPORATION

Km. 14 West Service Road, South Superhighway
cor. Edison Ave. Brgy. Sun Valley, Parañaque City
Philippines, 1700

Tel. No. 908-22-22 / 789-44-44

Dear Sir/Madam:

This is to inform you that as an Exclusive Distributor, we are directly contracting with you the **MEDICAL SUPPLIES FOR OPERATING ROOM (O.R.) USE** in the amount of **FORTY FOUR THOUSAND TWO HUNDREDSEVENTEEN PESOS & 00/100 (44,217.00) only.**


Unit	Description	Qty	Unit Cost	Amount
BOX	POLYGLACTIN 910, 2-0 70CM X 36MM UROLOGY 6. COATED VICRYLPLUS VIOLET, 36'S/BOX	3	14,739.00	44,217.00
	***** NOTHING FOLLOWS *****			44,217.00
TOTAL				44,217.00
TOTAL AMOUNT IN WORDS FORTY FOUR THOUSAND TWO HUNDRED SEVENTEEN PESOS & 00/100 (44,217.00) 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 *A*

Conforme:


Printed Name and Signature of Representative
Name of Bidder/Supplier
Date: 10/29/2021