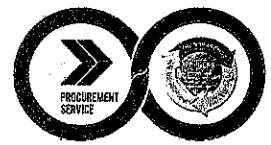




Republic of the Philippines
Department of Budget and Management
PROCUREMENT SERVICE



NOTICE TO PROCEED

07 June 2019

PO No. 19-00360-NCSE
NOA No. 2019-PSNOA107-BACNOA10-LPGH

MR. WALTER ALLAN L. LAYUG
JORDAL MEDICAL SYSTEMS, INC.
Grd. Flr. Belman II Bldg., No. 78 Cordillera St.,
Cor. Quezon Ave., Quezon City
Mobile No/s: 0905-3906330 / 0927-2356778
Telephone No/s.: (02) 712-3020 loc. 202
Fax No/s.: (02) 712-3020 loc. 209
Email: sally.palanan@jordalmedical.com / sales@jordalmedical.com

Dear Mr. Layug:

The attached Purchase Order having been approved, notice is hereby given to **JORDAL MEDICAL SYSTEMS, INC.** that performance on Procurement of Medical and Laboratory Equipment for the **Las Pinas General Hospital - Satellite Trauma Center** for the following item/s under PB 19-114-10 shall commence effective on the date of receipt of this Notice:

LOT NO.	ITEM/DESCRIPTION	QTY.	UOM	AMOUNT
1	SEROFUGE/SEROLOGICAL CENTRIFUGE	1	unit	Php 161,880.00
2	DYSPHAGIA THERAPY WITH EMG BIOFEEDBACK	1	unit	Php 336,535.00
3	FRACTURE TABLE (Automatic/Motorized with traction attachment)	1	unit	Php 1,442,305.00

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions provided in the Purchase Order and in accordance with the Delivery Schedule.

Please acknowledge receipt of this notice by signing on the space provided below.

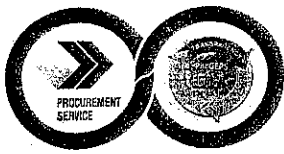
Very truly yours,

Sgd: **ELISA MAY ARBOLEDA - CUEVAS**
Executive Director

Date of receipt of this Notice: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____



CONTRACT/PURCHASE ORDER

No. **PO19-00370 -NCSE**

To: **JORDAL MEDICAL SYSTEMS INC.**
 Grd. FL BELMAN Bldg II, No 78
 Cordillera St., cor. Quezon Ave.,
 Quezon City

Date June 07, 2019
 Reference: **PUBLIC**
BIDDING No. PB# 19-114-10
 Date of PB: 04-24-2019

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation No. -XXX- dated -XXX- subject to the Terms and Conditions enumerated at the back hereof:

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
1	SEROFUGE / SEROLOGICAL CENTRIFUGE Brand and Model: GEMMY PLC-036HS	1	unit	161,880.00	161,880.00
2	DYSPHAGIA THERAPY WITH EMG BIOFEEDBACK Brand and Model: NEUROSTYLE REHABKIT	1	unit	336,535.00	336,535.00
3	FRACTURE / ORTHO SURGICAL TABLE (AUTOMATIC / MOTORIZED WITH TRACTION ATTACHMENT) Brand and Model: HUIFENG / HFEOT99S 1006 NOTE: For complete and detailed specifications, please refer to the attached Technical Evaluation Report which form part of this Purchase Order. - Subject to Expanded Withholding Tax, Final Withholding Tax and Other Percentage Taxes Reference: R.A. 9337	1	unit	1,442,305.00	1,442,305.00
TOTAL AMOUNT					₱ 1,940,720.00

PLACE OF DELIVERY: LAS PIÑAS GENERAL HOSPITAL AND SATELLITE TRAUMA CENTER (LPGH-STC)	DELIVERY INSTRUCTIONS: Please see above Delivery Instruction
FUNDS AVAILABILITY CERTIFIED BY: ALLAN RAUL M. CATALAN (SGD) ACCOUNTANT	AUTHORIZED BY: ELISA MAY ARBOLEDA - CUEVAS (SGD) DIRECTOR
DATE	DATE

Purchase Order received and accepted subject to the Terms and Conditions enumerated at the back hereof.

JORDAL MEDICAL SYSTEMS INC. **MR. WALTER ALLAN L. LAYUG**
 NAME OF SUPPLIER AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME) DATE RECEIVED DUE DATE

COPY FOR: SUPPLIER



CONTRACT/PURCHASE ORDER

No. **PO19-00370 -NCSE**

To: **JORDAL MEDICAL SYSTEMS INC.**

Grd. FL BELMAN Bldg II, No 78
 Cordillera St., cor. Quezon Ave.,
 Quezon City

Date June 07, 2019

Reference: **PUBLIC BIDDING No. PB# 19-114-10**

Date of PB: 04-24-2019

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation No. -XXX- dated -XXX- subject to the Terms and Conditions enumerated at the back hereof:

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	Revenue Regulation Nos. 16-05, 14-02, 12-01 & 2-98. - A warranty covered by either retention money or special bank guarantee equivalent to at least 1% of the payment on the contract price shall be required for a period of one (1) year after the end-user's acceptance. -Please submit DR/Invoice & Copy of P.O to the Inspection Division after direct delivery of this item. -Please submit Warranty Certificate -As a precondition for payment submit authenticated Import documents per DOF Order No. 87-91, if applicable -For LAS PIÑAS GENERAL HOSPITAL AND SATELLITE TRAUMA CENTER (LPGH-STC) Reference: PS APR#18-00107S DELIVERY INSTRUCTIONS: Lot 1 & 2: Within Ninety Calendar Days (90 CDs) after issuance of the Notice to Proceed				

06-10-0370

TOTAL AMOUNT ₱ **1,940,720.00**

PLACE OF DELIVERY: LAS PIÑAS GENERAL HOSPITAL AND SATELLITE TRAUMA CENTER (LPGH-STC)	DELIVERY INSTRUCTIONS: Please see above Delivery Instruction
FUNDS AVAILABILITY CERTIFIED BY: ALLAN RAUL M. CATALAN (SGD) ACCOUNTANT	AUTHORIZED BY: ELISA MAY ARBOLEDA - CUEVAS (SGD) DIRECTOR
DATE	DATE

Purchase Order received and accepted subject to the Terms and Conditions enumerated at the back hereof:

JORDAL MEDICAL SYSTEMS INC. **MR. WALTER ALLAN L. LAYUG** _____ _____
 NAME OF SUPPLIER AUTHORIZED REPRESENTATIVE DATE RECEIVED DUE DATE
 (SIGNATURE OVER PRINTED NAME)



CONTRACT/PURCHASE ORDER

No. **PO19-00370 -NCSE**

To: **JORDAL MEDICAL SYSTEMS INC.**
 Grd. FL BELMAN Bldg II, No 78
 Cordillera St., cor. Quezon Ave.,
 Quezon City

Date June 07, 2019
 Reference: **PUBLIC**
BIDDING No. PB# 19-114-10
 Date of PB: 04-24-2019

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation No. -XXX- dated -XXX- subject to the Terms and Conditions enumerated at the back hereof:

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT	
	Lot 3: Within One Hundred Twenty Calendar Days (120 CDs) after issuance of the Notice to Proceed					
06-10-0370					TOTAL AMOUNT	₱ 1,940,720.00

PLACE OF DELIVERY: LAS PIÑAS GENERAL HOSPITAL AND SATELLITE TRAUMA CENTER (LPGH-STC)	DELIVERY INSTRUCTIONS: Please see above Delivery Instruction
FUNDS AVAILABILITY CERTIFIED BY: ALLAN RAUL M. CATALAN (SGD) ACCOUNTANT	AUTHORIZED BY: ELISA MAY ARBOLEDA - CUEVAS (SGD) DIRECTOR
DATE	DATE

Purchase Order received and accepted subject to the Terms and Conditions enumerated at the back hereof.

JORDAL MEDICAL SYSTEMS INC. **MR. WALTER ALLAN L. LAYUG** _____
 NAME OF SUPPLIER AUTHORIZED REPRESENTATIVE DATE RECEIVED
 (SIGNATURE OVER PRINTED NAME)

_____ _____
 DUE DATE