

Republic of the Philippines Department of Budget and Management PROCUREMENT SERVICE



RR Road, Cristobal Street, Paco, Manila, Philippines 1007 Trunk line: 689-7750 Direct line: 563-9365 & 563-9395

NOTICE TO PROCEED

January 11, 2019

PO No.

19-00017-NCSE

NOA No.

2018-PSNOA265-BACNOA3-PS

LODELYN C. BELIGOLO
METRO DRUG, INC. JVA WITH INTERPHARMA HOLDINGS & MANAGEMENT CORP.
32/F Zuellig Bldg., Makati Ave. cor. Paseo De Roxas
Makati City

Dear Ms. Beligolo:

The attached Purchase Order having been approved, notice is hereby given to METRO DRUG, INC. JVA WITH INTERPHARMA HOLDINGS & MANAGEMENT CORP. that performance on Supply and Delivery of Insulin & Insulin Syringe for the Department of Health (DOH) for the following items under PB 18-365-3 shall commence effective on the date of receipt of this Notice:

ITEM NO.	ITEM/DESCRIPTION	QTY	UOM	AMOUNT
1	ISOPHANE HUMAN INSULIN, IM/SC, or SC	300,000	vials	₱18,750,000.00
	Brand: SCILIN N			

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,		e de la companya de l	÷
	,		
BINGLE B. GUTIERREZ Executive Director			
Date of receipt of this Notice:			·
Name of Authorized Representative:			
Signature of Authorized Representative:			

DUE DATE

DATE RECEIVED *

PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61 689-7750 loc. 4020

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NAME OF SUPPLIER

No. PO19-00017-NCSE

To:	METRO DRUG, INC. JVA WITH INTERPHARMA HOLI MANAGEMENT CORPORATION 32 F Zuellig Bldg., Makati Ave., cor Paseo De Roxas,		January 11, 2019 Date					
	Please deliver the article(s)/product(s)/supplies/materi -XXX- dated -XXX- pack hereof:				vith your Quotation ions enumerated at			
ltem No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT			
1	ISOPHANE HUMAN INSULIN, IM/SC, or SC BRAND: SCILIN N	300,000	vial	62.50	18,750,000.00			
	For complete and detailed specifications, please refer to the attached Technical Evaluation Report which form part of this Purchase Order. The inspections and tests that will be conducted shall be in accordance with Section VII. Technical Specifications. Additional quantity in every batch of delivery for acceptance							
	and testing purposes during FDA Test. A warranty security in the form of 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 three (3) months after acceptance.							
	Subject to Expanded Withholding Tax, Final Withholding Tax and Other Percentage Taxes Reference: R.A. 9337, Revenue Regulation Nos. 16-05, 14-02, 12-01 & 2-98.							
	01-15-0017	-		TOTAL AMOUNT	18,750,000.00			
- DI	A CONTRACTOR OF THE CONTRACTOR	DELIVED						
	ACE OF DELIVERY: ase refer to the Allocation List	DELIVER' Please		e above Delivery Ins	tructions			
	DS AVAILABLITY CERTIFIED BY: LAN RAUL M. CATALAN ACCOUNTANT DATE	AUTHORI BIN		UTIERREZ	M JAN 299 DATE			
	TERPHARMA PRODUCTION INTERPHARMA		⊈ ions enu	· · · · · · · · · · · · · · · · · · ·	reof:			

PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61 689-7750 loc. 4020

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METRO DRUG, INC. JVA WITH INTERPHARMA HOTO: MANAGEMENT CORPORATION 32 F Zuellig Bldg., Makati Ave., cor Paseo De Roxas,	OLDINGS &	January 11, 2019 Date					
OI I ased De Rokas,			Date of PB:	1/2//2016			
Please deliver the article(s)/product(s)/supplies/ma	toriale lieted h	elow pric	ed in accordance v	vith your Quotati	on		
NoXXX- dated -XXX-			Terms and Condit				
the back hereof:							
Item ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT	AMOUNT			
Item ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No. No.	Q11	ONL	PRICE				
				:			
Please submit DR/Invoice & Copy of P.O to the Inspection				1			
Division after direct delivery of this item.							
Please submit Warranty Certificate, if applicable.							
Tames processes to several examination of the second				**************************************			
As a precondition for payment submit authenticated							
Import documents per DOF Order No. 87-91, if applicable.							
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The following documents shall be deemed to form and be read and construed as part of this Purchase Order,							
viz:	· .						
7.12.4	ľ						
a)the Supplier's Bid, including the Technical and							
Financial Proposals, and all other documents/				1.1.1.1			
statements submitted (e.g. bidder's response to			4				
clarifications on the bid), including corrections to							
the bid resulting from the Procuring Entity's bid evaluation;	ļ						
b) the Schedule of Requirements;							
c)the Technical Specifications;	4.5		1				
d)the General Conditions of Contract;		:		ra .			
e)the Special Conditions of Contract;			,	•			
				18,750,000	0.00		
01-15-0017			TOTAL AMOUNT	P			
	DELIVER	Y INSTRU	CTIONS:				
PLACE OF DELIVERY:			r				
Please refer to the Allocation List	Please	refer to th	e above Delivery Ins	structions			
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FUNDS AVAILABLITY CERTIFIED BY:	AUTHOR	IZED BY	5 /				
ALLAN RAUL M. CATALAN	RIN	IGLER G	UTIERREZ *				
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ACCOUNTANT ACCOUNTANT DATE	_	DIREC	CTOR U	DATE			
INTERPHARMA PROPERTY Seceived and accompany of	tha Torma English	milione anu	merated at the hack he	reof.			
	MA HOLDING						
			DATE DECENTED	DUE DAT			
NAME OF SUPPLIER AUTHORIZED REP (SIGNATURE OVER L	DDINTED NAME		DATE RECEIVED *	DUE DAT	⊏		

PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61 689-7750 loc. 4020

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No. PO19-00017-NCSE

METRO DRUG, INC. JVA WITH INTERPHARMA HOLI To: MANAGEMENT CORPORATION 32 F Zuellig Bldg., Makati Ave., cor Paseo De Roxas,	DINGS &		January 11 Date Reference: PUBL BIDDING Date of PB:11	IC NPB#18-365-3
Please deliver the article(s)/product(s)/supplies/materi No datedXXX- the back hereof:				
Item ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No. No.	QTY	UNIT	UNIT PRICE	AMOUNT
contact person: Arial I. Valencia, MD, MPH, CESO III Director IV Supply Chain Management Services DOH Central Office, Tayuman, Sta. Cruz, Manila Contact Number: 651-7800 Loc. 2204 Note: Supplier should coordinate with the Contact Person prior to Delivery for the actual quantity to be delivered. Delivery Instructions: Holding Area provided by the Supplier: Within Sixty (60) calendar days from the receipt date indicated in the Notice to Proceed (NTP), for the inspection and submission of samples for FDA testing; Delivery Period:				
01-15-0017			TOTAL AMOUNT	18,750,000.00 ₱
PLACE OF DELIVERY:	DELIVER	/ INSTRU	CTIONS;	
Please refer to the Allocation List	Please	refer to th	e above Delivery Inst	tructions
FUNDS AVAILAB LITY CERTIFIED BY: ALLAN RAUL M. CATALAN LSA ACCOUNTANT DATE	AUTHORI BIN		OUTIERREZ O	ILJAN 2019 DATE
INTERPHARMA FROM PROCESSES CONTROL OF SUPPLIER NAME OF SUPPLIER AUTHORIZED REPRESSES (SIGNATURE OVER PRIN	HOLDING		merated at the back her	eof: DUE DATE



PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61 689-7750 loc. 4020

No. PO19-00017 -NCSE

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То:	METRO DRUG, INC. JVA WITH INTERPHARMA HOLI MANAGEMENT CORPORATION 32 F Zuellig Bidg., Makati Ave.,	DINGS &	January 11, 2019 Date					
	cor Paseo De Roxas,	an an interaction	- 4275 kai प्रा -	BIDDING Date of PB:	5 N 5.24 1/2-363-3 1/27/2018			
		-		Date of PB.				
No	Please deliver the article(s)/product(s)/supplies/materi -XXX- dated -XXX-				ions enumerated at			
	ack hereof:			Torrio and Corrain	one onamorated at			
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT			
	Within 30 calendar days for the completion of deliveries to all access sites after the release of the "PASSED" result of FDA testing.							
	For Department of Health (DOH) Reference: MOA No. 2017-00017							
					* **			
					· .			
					18,750,000.00			
	01-15-0017	*		TOTAL AMOUNT	₱			
PL	ACE OF DELIVERY:	DELIVERY	/ INSTRU	CTIONS:	Marie			
Ple	ase refer to the Allocation List	Please	refer to th	ne above Delivery Ins	structions			
FUN	DS AVAILABILITY CERTIFIED BY:	AUTHORI	ZED BY		en service de la companya de la comp			
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livo	ACCOUNTANT W DATE		DIRE	CTOR ()	DATE			
	TERPHARMA HOLDINGS Ecceived and accompany object to the NAGEMENT CORPORATION INTERPHARMA			umerated at the back her	reof:			
	NAME OF SUPPLIER AUTHORIZED REPRES (SIGNATURE OVER PRIN	ENTATIVE ITED NAME)	· · -	DATE RECEIVED *	DUE DATE			