



NOTICE TO PROCEED

PO No. PO19-00263-NCSE
 NOA No. 2019-PSNOA079-BACNOA5-DOH

TRISHA ANN M. MARIANO
ENDURE MEDICAL, INC.
 Unit 17-A Belvedere Tower, San Miguel Ave.
 Ortigas Center, San Antonio, Pasig City
 Telefax. No.: (02) 634-3450 / (02) 683-0457/696-0457
 Email Address/es: emi.enduremedical@gmail.com

Dear Ms. Mariano:

The attached Contract/Purchase Order having been approved, notice is hereby given to **ENDURE MEDICAL, INC.** that performance for Lot No. 1 of the **Supply and Delivery of Various Blood Bank Freezers for the Department of Health – National Voluntary Blood Services Program (DOH-NVBSP)** under **PB NO. 19-024-5** opened on **February 13, 2019** shall commence effective on the date of receipt of this Notice:

Lot No.	Description	QTY	UOM	Unit Price	Total Bid Price
1	Plasma Freezer (-30°C) with AVR, at least 450 plasma bags	12	unit	P 478,955.00	P 5,747,460.00

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

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

Very truly yours,

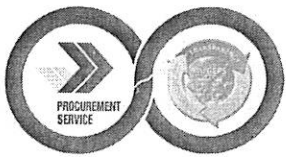
SGD

ELISA MAY ARBOLEDA-CUEVAS
 Executive Director

Date of receipt of this Notice: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____



CONTRACT/PURCHASE ORDER

No. PO19-00263 -NCSE

To: ENDURE MEDICAL, INC.
 Unit 17-A Belvedere Tower,
 San Miguel, Ortigas Center,
 Pasig City

Date April 11, 2019
 Reference: **PUBLIC**
BIDDING No. 19-024-5
 Date of PB: 02/13/19

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	PLASMA FREEZERS (-30°C) with AVR at least 450 plasma bags 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. Ref: RA 9337, 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 12 months after the end- user's date of final 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	12	unit	478,955.00	5,747,460.00
TOTAL AMOUNT					₱ 5,747,460.00

PLACE OF DELIVERY:
 Please see attached delivery sites

DELIVERY INSTRUCTIONS:
 Within **ONE HUNDRED TWENTY (120)**
CALENDAR DAYS from the date indicated in the
 Notice to Proceed (NTP)

FUNDS AVAILABILITY CERTIFIED BY: *w/ bill*
 SGD
ALLAN RAUL M. CATALAN
 ACCOUNTANT

11/21/19
 DATE

AUTHORIZED BY:
 SGD
ELISA MAY ARBOLEDA - CUEVAS
 DIRECTOR

DATE

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

ENDURE MEDICAL, INC.
 NAME OF SUPPLIER

MS. TRISHA M. MARIANO
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

DATE RECEIVED

DUE DATE

COPY FOR: SUPPLIER



Republic of the Philippines
DEPARTMENT OF BUDGET AND MANAGEMENT
PROCUREMENT SERVICE - PhilGEPS

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

CONTRACT/PURCHASE ORDER

No. PO19-00263 -NCSE

To: ENDURE MEDICAL, INC.
 Unit 17-A Belvedere Tower,
 San Miguel, Ortigas Center,
 Pasig City

Date April 11, 2019
 Reference: **PUBLIC**
BIDDING No. 19-024-3
 Date of PB: 02/13/19

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
	Import documents per DOF Order No. 87-91, if applicable For Department of Health - National Voluntary Blood Services Program (DOH-NVBSP) Reference: PS APR#17-0131S				
07-09-0263					TOTAL AMOUNT
					₱ 5,747,460.00

PLACE OF DELIVERY:
 Please see attached delivery sites

DELIVERY INSTRUCTIONS:
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CALENDAR DAYS from the date indicated in the
 Notice to Proceed (NTP)

FUNDS AVAILABILITY CERTIFIED BY:

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ALLAN RAUL M. CATALAN
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 NAME OF SUPPLIER

MS. TRISHA M. MARIANO
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

DATE RECEIVED

DUE DATE

COPY FOR: SUPPLIER

The Project Delivery Sites are:

Lot No.	QTY	Blood Service Facility	Contact Person	Address
1	1 unit	Baguio General Hospital and Medical Center (Blood Bank)	Dr. Ricardo Runez (074) 442-3165	BGHMC Compound, Baguio City
	1 unit	Veterans Regional Hospital	Dr. Cirilo R. Galindez (078) 321-2090	Bayombong, Nueva Vizcaya
	1 unit	Bulacan Blood Center	Dr. Jocelyn Gomez 09178834422	BMC Compound, Malolos City, Bulacan
	1 unit	Marinduque Provincial Hospital	Dr. Ruby Ephraim Rubiano 09266715623	Marinduque
	1 unit	Southern Palawan Provincial Hospital	Dr. Romulo R. Robles (048) 733-2665	Brooke's Point, Palawan
	1 unit	Occidental Mindoro Provincial Hospital	Dr. Ma. Theresa Tan 09176296488	Brgy. Tayamaan, Mamburao, Occidental Mindoro
	1 unit	Oriental Mindoro Provincial Hospital	Dr. Marpheo E. Marasigan 286-2627	Calapan City, Oriental Mindoro
	1 unit	Samar Provincial Hospital	Maribel H. Pedrigal, PHO II (55) 251-6175	Imelda Rd., Catbalogan City Proper, Samar
	1 unit	Northern Samar Provincial Hospital	Joseph Estanislao (55) 500-9770	Catharman, Northern Samar
	1 unit	Dr. Jose Rizal Memorial Hospital	Dr. Maria Dinna Viray-Pariñas (065) 213-6421	Lawa-an, Dapitan City, Zamboanga del Norte
	1 unit	Cotobato Regional and Medical Center	Dr. Helen P. Yambao (064) 421-2340	Sinsuat Ave., Rosary Heights X, Cotobato City
	1 unit	Region 3 Regional Blood Center (RO III)	Dr. Cesar C. Cassion (045) 861-3425	San Fernando Pampanga