

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. Beiman 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:palianan@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 Eaboratory 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 *	roje tri 👍	unit	Php 161,880.00
. 2	DYSPHAGIA THERAPHY WITH EMG BIOFEEDBACK	1	unit	Php 336,535.00
3	FRACTURE TABLE (Automatic/Motorized)		unit	Pro 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 acknowiedge recs	aint of this c	rofice by sig	ning on the	space provided	below:
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Very truly yours,

Sgd: ELISA MAY ARBOLEDA - CUEVAS Executive Director

Date of receipt of this Notice:
Name of Authorized Representative:
Signature of Authorized Representative





PS-DBM Complex Cristobal St. Paco Metro Manila Tel. Nos 563-93-61

689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

No.

PO19-00370 -NCSE

	JORDAL	MEDICAL	SYSTEMS	INC.
Ta.				

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

JORDAL MEDICAL SYSTEMS INC.

NAME OF SUPPLIER

Date ____June 07, 2019

Reference: PUBLIC

o. PB#-19-114-10

	Quezon City			BIDDING Date of PB:	No. 15# 19-114-10 04-24-2019
No	Please deliver the article(s)/product(s)/supplies/mater -XXX- dated -XXX- back hereof:	rials listed b	elow pric	ced in accordance	with your Quotation ions enumerated at
the r	Jack nereor:				
ltem No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
1	SEROFUGE / SEROLOGICAL CENTRIFUGE	1	unit	161,880.00	161,880.00
	Brand and Model: GEMMY PLC-036HS				
2	DYSPHAGIA THERAPHY WITH EMG BIOFEEDBACK	1	unit	336,535.00	336,535.00
•.	Brand and Model: NEUROSTYLE REHABKIT		. :		
.3	FRACTURE / ORTHO SURGICAL TABLE	1	unit	1,442,305.00	1,442,305.00
	(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				t sur a la respisar de la companya d
	form part of this Purchase Order. - Subject to Expanded Withholding Tax, Final Withholding			 And the second of the property of the second of the property of the second of the secon	Alternative services and the services of the s
	Tax and Other Percentage Taxes Reference: R.A. 9337			i kaip ayeysa yaniyyin	de la completa de la
			T	FOTAL AMOUNT	₱ 1,940,720.00
:PL/	ACE OF DELIVERY:	DELIVERY.	INSTRUC	TIONS:	
LA SA	AS PIÑAS GENERAL HOSPITAL AND ATELLITE TRAUMA CENTER (LPGH-STC)	Please	see above	e Delivery Instruction	
FUNÇ	DS AVAILABILITY CERTIFIED BY:	AUTHORIZ	ED BY:		
A	ILAN RAUL M CATALAN (SGD) ACCOUNTANT DATE	ELISA MA	AY ARBO	DLEDA - CUEVAS (SGD) DATE
-	Purchase Order received and accepted subject to the Te	erms and Cond	litions enun	nerated at the back here	eof:

MR. WALTER ALLAN L, LAYUG

DATE RECEIVED

AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME) COPY FOR: SUPPI IFR

DUE DATE



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

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			DateJune 07, 2 Reference: PUBL BIDDING Date of PB:(IC No. <u>PB# 19-114-10</u>
No the b	ack hereof:	subje	ct to the	ed in accordance watering and Condition	vith your Quotation ons enumerated at AMOUNT
item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	PRICE	,
	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 or (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 applicate For LAS PIÑAS GENERAL HOSPITAL AND SATEL TRAUMA CENTER (LPGH-STC) Reference: PS APR#18-00107S DELIVERY INSTRUCTIONS: Lot 1 & 2: Within Ninety Calendar Days (90 CDs) after issuance	al t ne ole			
	04-10-0370			TOTAL AMOUNT	1,940,720.00
Т.	ACE OF DELIVERY: AS PIÑAS GENERAL HOSPITAL AND ATELLITE TRAUMA CENTER (LPGH-STC)		RY INSTRU	CTIONS:	m - 4
FUN	DS AVAILABILITY CERTIFIED BY:	AUTHOF	RIZED BY:		
A	ALLAN RAUL M. CATALAN (SGD) ACCOUNTANT DATE	ELISA		CTOR	(SGD) DATE
1OI		to the Terms and Co ER ALLAN L. L. REPRESENTATIVE ER PRINTED NAME)		DATE RECEIVED	DUE DATE



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

689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

No. PO19-00370 NCSE

				140. 10	17-000/0 -11000
No	JORDAL MEDICAL SYSTI Grd. FL BELMAN Bldg II, No 78 Cordillera St., cor. Quezon Ave., Quezon City Please deliver the article(s)/pro _XXX dat		ils listed below p subject to th	Date of PB:(No. <u>PB# 19-114-10</u> 04-24-2019 htth your Quotation
item	ITEM and DESCRIPTION/SPECIF	ICATIONS/STOCK No.	QTY UNIT	- UNIT PRICE	AMOUNT
n.	CDs)	nty Calendar Days (120			
	after issuance of the No	otice to Proceed			
		The second secon			
		2			
	06-10-0370			TOTAL AMOUNT	1 940,720.00
T.A	ACE OF DELIVERY: AS PIÑAS GENERAL HOSPITAL A ATELLITE TRAUMA CENTER (LP	AND	DELIVERY INST	RUCTIONS	n
	DS:AVAILABILITY CERTIFIED BY:		AUTHORIZED B	YAARBOLEDA -CUEVAS	(SGD)
	ACCOUNTANT	DATE	· Di	RECTOR	DATE
JOF	Purchase Order received RDAL MEDICAL SYSTEMS INC. NAME OF SUPPLIER	d and accepted subject to the Te MR. WALTER AL AUTHORIZED REPRESE (SIGNATURE OVER PRINT	LAN L. LAYUG	enumerated at the back her DATE RECEIVED	eof: