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

dated_

No.

_____subject to the Terms and Conditions enumerated at

PO20-00184 -NCSE

10:	ENABORE MEDICIAL, INC.	**
	Unit 17-A Belvedere Tower	

TERMINATION RATERIAN AT TRIC

San Miguel Avenue, Ortigas Complex

Pasig City

No.

Date ___April 16, 2020

Reference: PUBLIC

BIDDING No. 19-178-5

Date of PB: 09/05/2019

the back hereof:					
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
1	BLOOD BANK REFRIGERATOR, Upright, at least 500 bag capacity of 450ml, BRAND and MODEL: HAIER, HXC - 1308	1	unit	373,727.00	373,727.00
	NOTE: For complete and detailed specifications, please refer to the attached Technical Evaluation Report which form part of this Purchase Order.		2 3		
	-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 10% 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				
	and the second s	e e			
4			Ī	OTAL AMOUNT	₱ 373,727.00
		DEL IVEDV	INICEDIA	TIONS	

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation

PLACE OF DELIVERY:

DELIVERY INSTRUCTIONS:

EDWIN ANDREW AIRBASE HOSPITAL Sta. Maria, Zamboanga City

Within NINETY (90) CALENDAR DAYS from the date indicated in the Notice to Proceed (NTP)

FUNDS AVAILABILITY CERTIFIED BY:

SIGNATURE REDACTED

AN RAUL M. CATALA ACCOUNTANT 4/16/2020 DATE AUTHORIZED BY:

SIGNATURE REDACTED

DIRECTOR W

1 4 MAY 2020 DATE

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

ENDURE MEDICAL, INC.
NAME OF SUPPLIER

MS. SHARON MALABAD
AUTHORIZED REPRESENTATIVE
(SIGNATURE OVER PRINTED NAME)

DATE RECEIVED

DUE DATE

COPY FOR: SUPPLIER

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

PO20-00184-NCSE

No.

CONTRACT/PURCHASE C	CONTRA	CT/P	URCH	IASE	ORDER
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To: ENDURE MEDICAL, INC. Unit 17-A Belvedere Tower San Miguel Avenue, Ortigas Complex Pasig City				Date of PB:	No. <u>19-178-5</u>
Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation No datedxxx 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				
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	. 1000 100 10 100 10 10 10 10 10 10 10 10	A4			
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	- 100 Tool				
				TOTAL AMOUNT	₹ 373,727.00
PLACE OF DELIVERY: DELIVERY INSTRUCTIONS:					
EDWIN ANDREW AIRBASE HOSPITAL Sta. Maria, Zamboanga City		Within NINETY (90) CALENDAR DAYS from the date indicated in the Notice to Proceed (NTP)			
FUNDS AVAILABILITY CERTIFIED BY: SIGNATURE REDACTED ALLAN RALL M. CATALAN ACCOUNTANT ACCOUNTANT			TURE RE	EDACTED RISTOPHER A. LACTOR W. TOR W.	1 4 MAY 2020 DATE
Purchase Order received and accepted subject to the Terms and Conditions enumerated at the back hereof:				eof:	
2	ENDURE MEDICAL, INC. MS. SHARON MALABAD AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME) DATE RECEIVED DUE DATE				



Republic of the Philippines
Department of Budget and Management
PROCUREMENT SERVICE PHILIPPINE GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM
BIDS AND AWARDS COMMITTEE



NOTICE TO PROCEED

PO No. PO20-00184-NCSE NOA No. 2020 for 2019-PSNOA012-BACNOA5DOH-NVBSP

16 April 2020

MS. SHARON MALABAD ENDURE MEDICAL, INC.

Unit 17A Belvedere Tower, San Miguel Avenue

Ortigas Complex, Pasig City

Tel. No.:

683-0054 to 57 Local 136

Fax No.:

642-3812 / 634-4182

Mobile No.:

+63 9178519737

Email:

emi.enduremedical@gmail.com

Dear Ms. Malabad:

The attached Contract/Purchase Order having been approved, notice is hereby given to **ENDURE MEDICAL**, **INC.** that performance for Lot No. 2 of **Supply and Delivery of Blood Bank Refrigerator for the Department of Health – National Voluntary Blood Services Program (DOH – NVBSP)** under **PB No. 19-178-5** opened on September 5, 2019 shall commence effective on the date of receipt of this Notice:

LOT NO.	ITEM DESCRIPTION	QTY/ UOM	UNIT PRICE	TOTAL AMOUNT
2	Blood Bank Refrigerator, Upright, at least 500 bag capacity of 450 ml	1 unit	P 373,727.00	P 373,727.00

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,

5400 NACC 10 ED 2000	
SIGNATURE REDACTED	
OIC - Executive Director	
Date of receipt of this Notice:	
Name of Authorized Representative:	
Signature of Authorized Representative:	