



NOTICE TO PROCEED

PO No. PO20-00096-NCSE
 NOA No. 2019-PSNOA262-BACNOA5DOH-NVBSP

11 February 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. 3 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
3	Blood Bank Refrigerator , Upright, at least 670 bag capacity of 450 ml	5 units	P 516,200.00	P 2,581,000.00

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,

SIGNATURE REDACTED
USEC. CHRISTOPHER LLOYD A. LAO
 OIC - Executive Director

Date of receipt of this Notice: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

4/16/20

Trisha Ann M. Mariano
 Product Specialist

Trisham



COPY FOR: PROCUREMENT DIVISION

CONTRACT/PURCHASE ORDER

No. **PO20-00096-NCSE**

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

Date February 11, 2020
 Reference: **PUBLIC**
BIDDING No. 19-178-5
 Date of PB: 09/05/19

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	<p>BLOOD BANK REFRIGERATOR, Upright, at least 670 bag capacity of 450ml, BRAND and MODEL: HAIER, HXC - E308B</p> <p>NOTE: For complete and detailed specifications, please refer to the attached Technical Evaluation Report which form part of this Purchase Order.</p> <p>-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.</p> <p>-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.</p> <p>-Please submit DR/Invoice & Copy of P.O to the Inspection Division after direct delivery of this item.</p> <p>-Please submit Warranty Certificate</p>	5	units	516,200.00	2,581,000.00

02-12-00096

TOTAL AMOUNT

₱ 2,581,000.00

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:

AUTHORIZED BY:

SIGNATURE REDACTED
ALLAN RAUL M. CATALAN
 ACCOUNTANT

SIGNATURE REDACTED
USEC. LLOYD CHRISTOPHER A. LAO
 DIRECTOR

DATE

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: PROCUREMENT DIVISION



COPY FOR: PROCUREMENT DIVISION

CONTRACT/PURCHASE ORDER

No. **PO20-00096-NCSE**

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

Date February 11, 2020
 Reference: **PUBLIC**
BIDDING No. 19-178-5
 Date of PB: 09/05/19

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
	<p>-As a precondition for payment submit authenticated Import documents per DOF Order No. 87-91, if applicable</p> <p>-For Department of Health - National Voluntary Blood Services Program (DOH-NVBSP)</p> <p>Reference: PS APR# 17-0131S</p> <p>Remarks: From previous P.O. No. 19-00950-NCSE December 11, 2019</p>				

02-17-00096

TOTAL AMOUNT ₱ **2,581,000.00**

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:

AUTHORIZED BY:

SIGNATURE REDACTED
ALLAN RAUL M. CATALAN
 ACCOUNTANT

SIGNATURE REDACTED
USEC. LLOYD CHRISTOPHER A. LAO
 DIRECTOR

DATE

DATE

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

ENDURE MEDICAL, INC.
 NAME OF SUPPLIER

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

11/11/20
 DATE RECEIVED

DATE

COPY FOR: PROCUREMENT DIVISION