



NOTICE TO PROCEED

October 4, 2019

PO No. PO19-00664-NCSE ✓

NOA No. 2019-PSNOA-189-BACNOA3-DOH ✓

MICHELLE LORAIN G. SANVICTORES
ZUellig PHARMA CORP. – INTERPHIL LABORATORIES INC. (JV)

Km. 14 West Service Rd. SSH cor. Edison Ave.,
 Brgy. Sun Valley, Parañaque City
 Tel. No. : (02) 908-2222
 Email: MLGragasin@zuelligpharma.com

Dear Ms. Sanvictores:

The attached Purchase Order having been approved, notice is hereby given to **Zuellig Pharma Corp. – Interphil Laboratories Inc. (JV)** that performance on **Supply and Delivery of Progestin Only Pill (POP) for the Department of Health** for the following items under **PB 19-187-3** shall commence effective on the date of receipt of this Notice:

LOT NO.	ITEM/DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	Progestin Only Pill (POP)	4,500,000 packs	P40.00	P180,000,000.00 ✓

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

Very truly yours,



 **ELISA MAY ARBOLEDA-CUEVAS**
 Executive Director

Date of receipt of this Notice: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____



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

COMPLIANCE 161949343

CONTRACT/PURCHASE ORDER

No. **PO19-00664 -NCSE**

To: **JV OF ZUELLIG PHARMA CORP. & INTERPHIL LABORATORIES INC.**
 Km. 14 West Service Road, SSH corner,
 Edison Avenue, Brgy. Sun Valley,
 Parañaque City

Date October 04, 2019
 Reference: PUBLIC
BIDDING No. PB#19-187-3
 Date of PB: 07/09/2019

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	Progestin Only Pill (POP)	900,000	pack	40.00	36,000,000.00
2	Progestin Only Pill (POP)	900,000	pack	40.00	36,000,000.00
3	Progestin Only Pill (POP)	900,000	pack	40.00	36,000,000.00
4	Progestin Only Pill (POP)	900,000	pack	40.00	36,000,000.00

10-16-0664

TOTAL AMOUNT P 180,000,000.00

PLACE OF DELIVERY:

 Please refer to the Project Site listed above

DELIVERY INSTRUCTIONS:

 Please refer to the Delivery Instructions

FUNDS AVAILABILITY CERTIFIED BY:
 [Redacted]
ALLAN RAUL M. CATALAN
 ACCOUNTANT

11/21/19
 DATE

AUTHORIZED BY:
 [Redacted]
DELISA MAY ARBOLEDA - CUEVAS
 DIRECTOR

DATE

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

ZUELLIG PHARMA CORPORATION
 NAME OF SUPPLIER

Michelle Loraine G. Sanvictores
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

DATE RECEIVED

DUE DATE

COPY FOR: SUPPLIER



COMPT. OCT. 16 19 2019

CONTRACT/PURCHASE ORDER

No. **PO19-00664 -NCSE**

To: **JV OF ZUELLIG PHARMA CORP. & INTERPHIL LABORATORIES INC.**

Km. 14 West Service Road, SSH corner,
 Edison Avenue, Brgy. Sun Valley,
 Parañaque City

Date October 04, 2019

Reference: PUBLIC BIDDING No. PB#19-187-3

Date of PB: 07/09/2019

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Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
5	Progestin Only Pill (POP) Please submit DR/Invoice & Copy of P.O. to the Inspection Division after direct delivery of this item. Please submit Warranty Certificate, if applicable. As a precondition for payment, submit authenticated Import documents per DOF Order No. 87-91, if applicable. 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. The following documents shall be deemed to form and be read and construed as part of this Purchase Order, viz:	900,000	pack	40.00	36,000,000.00

10-16-00664

TOTAL AMOUNT ₱ 180,000,000.00

PLACE OF DELIVERY:

DELIVERY-INSTRUCTIONS:

Please refer to the Project Site listed above

Please refer to the Delivery Instructions

FUNDS AVAILABILITY CERTIFIED BY:

AUTHORIZED:

ALLAN RAUL M. CATALAN

DELISA MAY ARBOLEDA - CUEVAS

ACCOUNTANT

DATE

DIRECTOR

DATE

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

ZUELLIG PHARMA CORPORATION

Michelle Loraine G. Sanvictores

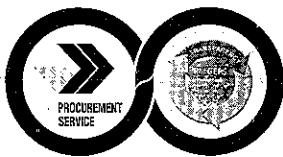
NAME OF SUPPLIER

AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME)

DATE RECEIVED

DUE DATE

COPY FOR: SUPPLIER



COPY FOR SUPPLIER

CONTRACT/PURCHASE ORDER

No. **PO19-00664 -NCSE**

To: **JV OF ZUELLIG PHARMA CORP. & INTERPHIL LABORATORIES INC.**

Km. 14 West Service Road, SSH corner,
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 Parañaque City

Date October 04, 2019

Reference: PUBLIC
 BIDDING No. PB#19-187-3

Date of PB: 07/09/2019

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>a)the Supplier's Bid, including the Technical and Financial Proposals, and all other documents/statements submitted (e.g. bidder's response to clarifications on the bid), including corrections to the bid resulting from the Procuring Entity's bid evaluation;</p> <p>b)the Schedule of Requirements;</p> <p>c)the Technical Specifications;</p> <p>d)the General Conditions of Contract;</p> <p>e)the Special Conditions of Contract;</p> <p>f)the Performance Security; and</p> <p>g)the Entity's Notice of Award</p> <p>Delivery Instructions:</p> <p>Within One Hundred Twenty (120) Calendar Days from effective date indicated in the Notice to Proceed</p>				

10-16-0664

TOTAL AMOUNT ₱ 180,000,000.00

PLACE OF DELIVERY:

Please refer to the Project Site listed above

DELIVERY INSTRUCTIONS:

Please refer to the Delivery Instructions

FUNDS AVAILABILITY CERTIFIED BY:

ALLAN RAUL M. CATALAN

lwa ACCOUNTANT *M*

11/21/19
DATE

AUTHORIZED REPRESENTATIVE:

EM
ELISA MAY ARBOLEDA - CUEVAS

DIRECTOR *EM*

DATE

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

ZUELLIG PHARMA CORPORATION

NAME OF SUPPLIER

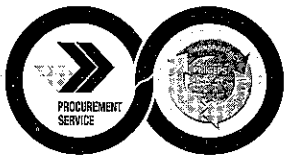
Michelle Loraine G. Sanvictores

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
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 689-7750 loc. 4020

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To: **JV OF ZUELLIG PHARMA CORP. & INTERPHIL LABORATORIES INC.**
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	<p>- 4,500,000 packs</p> <p>The Project Site is: - Department of Health warehouses and Service Providers in Metro Manila but not limited to the following: 1. Quirino Memorial Medical Center, JP Rizal St., Project 4 Quezon City 2. DOH Logistic Management Division, San Lazaro Cmpd. Sta. Cruz, Manila 3. Non-Pharell Warehouse, Temperature Control, Sun Valley, Parañaque 4. Veterans, Taguig City (Non-Aircon) 5. Ximex Warehouse, Tanyag, Taguig</p> <p>Contact Person: Dr. Ariel Valencia Director IV - Supply Chain Management Office</p>				

10-16-0664

TOTAL AMOUNT ₱ 180,000,000.00

PLACE OF DELIVERY: Please refer to the Project Site listed above	DELIVERY INSTRUCTIONS: Please refer to the Delivery Instructions
FUNDS AVAILABILITY CERTIFIED BY: ALLAN RAUL M. CATALAN ACCOUNTANT	AUTHORIZED BY: FELISA MAY ARBOLEDA - CUEVAS DIRECTOR
DATE: 11/21/19	DATE:

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

ZUELLIG PHARMA CORPORATION

Michelle Loraine G. Sanvictores

NAME OF SUPPLIER

AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME)

DATE RECEIVED

DUE DATE

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DEPARTMENT OF BUDGET AND MANAGEMENT
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COPY: OCT 16 19:49:43

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Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	651-7800 local 2224,2225,2227 and 2228 For the Department of Health (DOH) Reference: PS-APR No. 18-0019S				

10-16-00664 TOTAL AMOUNT: ₱ **180,000,000.00**

PLACE OF DELIVERY:

Please refer to the Project Site listed above

DELIVERY INSTRUCTIONS:

Please refer to the Delivery Instructions

FUNDS AVAILABILITY CERTIFIED BY:
ALLAN RAUL M. CATALAN
 ACCOUNTANT
 DATE 11/21/19

AUTHORIZED BY:
ELISA MAY ARBOLEDA - CUEVAS
 DIRECTOR
 DATE

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ZUELLIG PHARMA CORPORATION **Michelle Loraine G. Sanvictores**
 NAME OF SUPPLIER AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME) DATE RECEIVED DUE DATE

COPY FOR: SUPPLIER