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

689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

No the b	AVILA MEDICAL AND HOSPITAL SUPPLIES / 1310 Rizal Avenue, / Sta Cruz, 032, / Barangay 321, Manila / Please deliver the article(s)/product(s)/supplies/mater -XXX- datedXXX- ack hereof: ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	elow prio	Date of PB:(IC 6 No. <u>AMP 21-040-1</u> 06/30/2021 with your Quotation	SIC FORCE
	PERSONAL PROTECTIVE EQUIPMENT (PPE) comprise of the following items: 1. Shoe Cover / Brand: MEDTECS 2. Head Cover / Brand: MEDTECS 3. Goggle / Brand: CHOB 4. Gloves / Brand: FiTONE For complete and detailed specifications, please refer to the following attached documents: a. Technical Evaluation Report	212,709 /	set	270.0000	57,431,430.00	
		· · · · · · · · · · · · · · · · · · ·	-	TOTAL AMOUNT	P 57,431,430.00 /	
PLACE OF DELIVERY: Please see instructions above		DELIVERY Please		ctions above	,	#;
FUND	AMY T. DELA CRUZ ACCOUNTANT Purchase Order received and accepted subject to the T	_ V	JASONI DIREC		DATE	Y FOR: SUPPLIER
	NAME OF SUPPLIER NAME OF SUPPLIER AUTHORIZED REPRESI			08/19/2011 DATE RECEIVED	DUE DATE	COPY

CONTRACT/PURCHASE ORDER

				110.	021-00413 -CSE
	AVILA MEDICAL AND HOSPITAL SUPPLIES/ 1310 Rizal Avenue, / Sta Cruz, 032, / Barangay 321, Manila / Please deliver the article(s)/product(s)/supplies/materi		-	Date of PB: ced in accordance	JBLIC ING No. AMP 21-040-1 < 06/30/2021 ce with your Quotation
NO	dated`xxx	subje	ct to the	Terms and Con	iditions enumerated at
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	b.Contract Negotiation Matrix The following documents shall be deemed to form and be read and construed as part of this Purchase Order: 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; b)Bidding Documents, including the Supplemental Bid Bulletins issued / Request for Offer and; c)The Procuring Entity's Notice of Award; Progress payment shall be made after acceptance of each delivery. As a precondition for payment, submit authenticated Import				
	· · · · · · · · · · · · · · · · · · ·	,	<u> </u>	TOTAL AMOUNT	₽
	ACE OF DELIVERY:		Y INSTRU		57,431,430.00
FUNI	AMY T. DELA CRUZ ACCOUNTANT DATE	AUTHOR	JASONI DIREC	TOR	[9-ANLUST-202] DATE
	Purchase Ofder received and accepted subject to the To AVILA MEDICAL AND HOSPITAL SUPPLIES NAME OF SUPPLIER AUTHORIZED REPRESE	F. Planas	nditions enu . —	merated at the back Ob/19/2021 DATE RECEIVED	hereof: DUE DATE

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

CONTRACT/PURCHASE ORDER

То:	AVILA MEDICAL AND HOSPITAL SUPPLIES / 1310 Rizal Avenue, / Sta Cruz, 032, /	- 1111111111111111111111111111111111111		Date <u>August 1</u> Reference: PUB BIDDING	
	Barangay 321, Manila			Date of PB:	
No	Please deliver the article(s)/product(s)/supplies/mater				
the b	ack hereof:				Terro on anti-ordina de
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	documents per DOF Order No. 87-91, if applicable.				
	Subject to Expanded Withholding Tax, Final Withholding Tax and Other Percentage Taxes Reference: R.A. 9337, Revenue Regulation Nos. 16-05, 14-02, 12-01 & 2-98.				
į	Standard warranty provisions apply: The Supplier warrants that the Goods supplied under the				
	Contract are new, unused, of the most recent or current models and that they incorporate all recent improvements in design	,	!		
	and materials, except when the technical specifications required by the Procuring Entity provides otherwise.				
	i. The supplier further warrants that all Goods supplied under his contract shall have no defect, arising from design,				
	naterials, or workmanship or from any act or omission of the Supplier that may develop under normal use of the supplied				
	Goods in the conditions prevailing in the country or final destination.				
•	ii. In order to assure that manufacturing defects shall be corrected by the Supplier, a warranty shall be required from the				
	contected by the Supplier, a wattanty shan be required from the	7			
					:
	· · · · · · · · · · · · · · · · · · ·		-	TOTAL AMOUNT	₱ 57,431,430,00
PLA	ICE OF DELIVERY:	DELIVERY	/ INSTRU	CTIONS:	
Plea	ase see instructions above	Pleasc	seo instru	ctions above	
FUNC	S AVAILABILITY CERTIFIED BY:	AUTHORI	ZED BY:	43	
المام الم	AMY T. DELA CRUZ ACCOUNTANT ACCOUNTANT DATE	MATTY	JASON	TOR	19-AULUST-1021 DATE
	Purchase Order received and accepted subject to the To	erms and Con	iditions enui	merated at the back her	reof:
	NAME OF SUPPLIER	NTATIVE	_ (DATE RECEIVED	DUE DATE



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

CONTRACT/PURCHASE ORDER

To:	1310 Rizal Avenue, / Sta Cruz, 032, Barangay 321, Manila	Date <u>August 17, 2021</u> Reference: PUBLIC BIDDING No. <u>AMP 21-0</u> Date of PB: <u>06/30/2021</u>				
Na	Please deliver the article(s)/product(s)/supplies/mater					
the b	_XXX datedXXX ack hereof:	subjec	et to the	Terms and Conditi	ons enumerated at	
ltem No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT	
•	Supplier for a minimum period of three (3) months. The obligation for the warranty shall be covered by, at the Suppliers option, either retention money or bank guarantee in an amount equivalent to at least one percent (1%) of every progress payment. If the latter is opted, the same shall be submitted five days upon receipt of Notice of Award. Failure to submit the stated warranty security shall automatically rever the warranty security to the option of retention money. iv. The Procuring Entity shall promptly notify the Supplier in writing of any claims arising under this warranty. Upon receipt of such notice, the Supplier shall, within the period specified and with all reasonable speed, replace the defective Goods, without cost to the Procuring Entity. Please submit Delivery Receipt and Copy of P.O to the Warehousing and Delivery Division after delivery of the item. DELIVERY INSTRUCTIONS: Delivery Site:	 - -				
		·	-	TOTAL AMOUNT	⁵⁷ 57,431,430.00	
PLA	ACE OF DELIVERY:	DELIVERY	/ INSTRU	CTIONS:		
Please see instructions above		Please see instructions above				
FUNI	DS AVAILABILITY CERTIFIED BY: AMY T. DELACRUZ ACCOUNTANT DATE	AUTHORI	ZED SY: JASONI DIRECT	MER L UAYAN TOR	19-ANLUST-W21 DATE	
	Purchase Order received and accepted subject to the T AVILA MEDICAL AND HOSPITAL SUPPLIES Ma. Diana Fanling	erms and Con	ditions enu	merated at the back here	eof:	
	NAME OF SUPPLIER AUTHORIZED REPRESE	NTATIVE		DATÉ RÉCEIVED	DUE DATE	

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

689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

То:	AVILA MEDICAL AND HOSPITAL SUPPLIES / 1310 Rizal Avenue, / Sta Cruz, 032, / Barangay 321, Manila /			Date of PB:	LÍC G No. <u>AMP 21-040-1</u> 06/30/2021	1
No	Please deliver the article(s)/product(s)/supplies/mate	rials listed b subjec	pelow pric ct to the	ed in accordance Terms and Condi	with your Quotation tions enumerated at	
the b	ack hereof:	····			···	
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT	
	DOH Warehouse in Metro Manila. If no available warehouse in the region, the supplier must have a dedicated warehouse in the following areas: 1. DOH Warehouse in Metro Manila 2. Cebu City 3. Davao City Delivery Conditions: The supplier is responsible for the delivery of items including expenses that may incur, from the inspection site (Manila) to the supplier's warehouse in any of the delivery sites as follows 1. DOH Warehouse in Metro Manila 2. Cebu City 3. Davao City Supplier must have a dedicated warehouse in these delivery sites for two (2)m months. In addition, supplier is responsible for the delivery of the item to the specific regional areas to be provided by the Department of Health.					
				TOTAL AMOUNT	 ₱ 57,431,430.00	
PLA	ACE OF DELIVERY:	DELIVERY	/ INSTRUC	CTIONS:		
Plea	ase see instructions above	Please	see instru	ctions above		~
FUNDS AVAILABILITY CERTIFIED BY: AMY T DEFA CRUZ ACCOUNTANT DATE			ZED BY: IASONI DIREC	IED UAYAN TOR		JR: SUPPLIER
	Purchase Order received and accepted subject to the	Terms and Con	ditions enur	merated at the back he	reof:	ΥF
	AVILA MEDICAL AND HOSPITAL SUPPLIES NAME OF SUPPLIER AUTHORIZED REPRES (SIGNATURE OVER PRIN	ENTATIVE	_0	0/14/2021 DATE RECEIVED	DUE DATE	COPY FOR

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

689-7750 loc. 4020

PO21-00413 -CSE

CONTR	ACT	/PU	RCH	1AS	FOF	RUFR
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TO: AVILA MEDICAL AND HOSPITAL SUPPLIES <

Date __August 17, 2021

No.

	1310 Rizal Avenue, / Sta Cruz, 032, / Barangay 321, Manila /	·	•	Reference: PUB BIDDIN Date of PB:	G No. <u>AMP 21-040-1</u>	
_	Please deliver the article(s)/product(s)/supplies/mate -XXX- dated -XXX- pack hereof:		-		•	
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT	
	Inspection: The items shall be inspected at the delivery site by the designated inspectors. Delivery Schedule: a. 60 calendar days (CD) from receipt of NTP Qty: 65,121 sets / Gloves: Small (6.5) < 14,327 / Medium (7) < 21,490 / Large (7.5) / 21,490 / Extra Large/(8) - 7,814 / b. 75 calendar days (CD) from receipt of NTP Qty: 65,121 sets / Gloves: Small (6.5) / 14,327 / Medium (7) - 21,490 / Large (7.5) / 21,490 / Large (7.5) / 21,490 / Extra Large (8) / 7,814 / c. 90 calendar days (CD) from receipt of NTP Qty: 82,467 sets /					
			TO	OTAL AMOUNT	57,431,430.00	
PLACE OF DELIVERY:		DELIVER	Y INSTRUCT	FIONS:		
Please see instructions above		Pleas	e see instruc	tions above		2
FUNDS AVAILABILITY CERTIFIED BY: AMY T. DELA CRUZ ACCOUNTANT DATE		AUTHOR	IZED BY: Z. JASONMI DIRECTO	ERI UAYAN	1 <u>9 - Aubust - 102</u> 1 Date	FOR: SUPPLIER
	Purchase Order received and accepted subject to the Common AVILA MEDICAL AND HOSPITAL SUPPLIES Ms. Distra (Fauling AUTHORIZED REPRES (SIGNATURE OVER PRIN	F. Planer		erated at the back her OS / IG / 2021 AVE RECEIVED	DUE DATE	COPY FC

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

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CONTR	AUI	/Pu	JKU	ПАЭ	バレヒド

To: AVILA MEDICAL AND HOSPITAL SUPPLIES 1310 Rizal Avenue, / Sta Cruz, 032, / Barangay 321, Manila/		Date of PB:	JBLÍC ING No. <u>AMP 21-040-1 (</u>
Please deliver the article(s)/product(s)/supplies/ma No datedXXX			
the back hereof:	subject	to the Terms and Con	diuons enumerated at
Item No. ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT UNIT PRICE	AMOUNT
Gloves: Small (6.5) - 18,143 Medium (7) - 27,214 Large (7.5) - 27,214 Extra Large (8) - 9,896			
APR No. NTD 21-001672 /			
- ·		TOTAL AMOUNT	ф.
		TOTAL AMOUNT	57,431,430.00
PLACE OF DELIVERY:	DELIVERY	NSTRUCTIONS:	
Please see instructions above	Please s	ce instructions above	
FUNDS AVAILABILITY CERTIFIED BY: AMY T. DET.A CRUZ ACCOUNTANT DATE	AUTHORIZE	ASONMER UAYAN DIRECTOR	[9-ANLUST-102] DATE
Purchase Order received and accepted subject to the AVILA MEDICAL AND HOSPITAL SUPPLIES Ma. Diana Paulik	ac F. flangs	·	
NAME OF SUPPLIER AUTHORIZED REPR (SIGNATURE OVER P	ESENTATIVE RINTED NAME)	DATE RECEIVED	DUE DATE



Republic of the Philippines Department of Budget and Management PROCUREMENT SERVICE PHILIPPINE GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM



NOTICE TO PROCEED

17 August 2021

PO No.: PO21-00413-CSE /

NOA No.: 2021-PSNOA054-SBACPS

MA. DIANA PAULINA F. PLANAS /
Authorized Representative
AVILA MEDICAL AND HOSPITAL SUPPLIES,
1310 Rizal Avenue, Sta. Cruz /
032 Barangay 321, Manila /

Dear Mr. Planas:

The attached Purchase Order having been approved, notice is hereby given to **AVILA MEDICAL AND HOSPITAL SUPPLIES** that performance on Supply, Delivery and Warehousing of Personal Protective Equipment to Philippine Regions for the Department of Health under **Alternative Mode of Procurement (AMP) No. 21-040-1**; shall commence effective on the date of receipt of this Notice.

Lot No.	ITEM DESCRIPTION	QUANTITY	UOM	UNIT PRICE	AMOUNT
1	Personal Protective Equipment, comprises of the following items: a. Shoe Cover b. Head Cover c. Goggle d. Gloves	212,709 ,	sets	, ₱ 270.00 _\	₱ 57,431,430.00 ,

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,

ATTY. JASONMER L. UAYAN

OIC-Executive Director V

Date of receipt of this notice:	AUbust 19, apal
Name of Authorized Representative:	MA OINA PAULINA F. PLANAS
Signature of Authorized Representative:	Alama