



NTP No.: (AMP-DM-19-09-0208)

NOTICE TO PROCEED

THE MANAGER
SAHAR INTERNATIONAL TRADING, INC.
 #354 Aguirre Avenue Phase III, BF Homes
 Parafiaque City

Dear Sir/Madam:

This is to inform you that **Purchase Order No. 19-09-0208** dated **September 5, 2019** in the amount of **PHP 222,240.00** which was awarded through **REPEAT ORDER**, with **BAC Resolution No. AMP-001, series 2019**, dated **August 27, 2019** for the procurement of **Drugs and Medicines** has been approved. You may now proceed with the delivery of items as indicated in the Purchase Order (PO).

Delivery should be completed as **within SEVEN (7) days** to commence upon receipt of this notice.

Enclosed herewith in the original Purchase Order for your reference in the execution of this transaction.

Very truly yours,


EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief 

I Acknowledge Receipt of This Notice on SEPTEMBER 25, 2019

Name of the Representative of the Bidder: GEMMA D. PIRMAN

Authorized Signature: 

PURCHASE ORDER

SAN LAZARO HOSPITAL

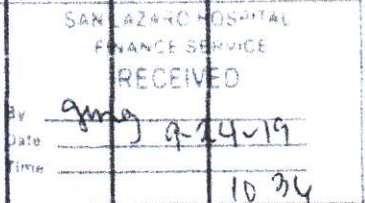
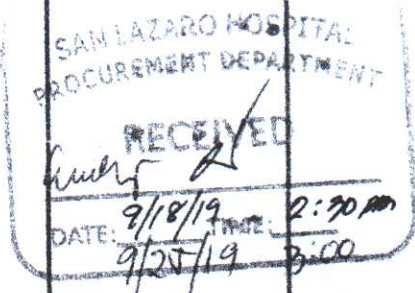
Entity Name

Supplier : SAHAR INTERNATIONAL TRADING, INC. Address : #354 Aguirre Avenue Phase III, BF Homes Parañaque City TIN : _____ Tel / Fax # : 906-7336/866-4195/ Fax #820-4151	P.O. No. : 19-09-0208 Date : September 05, 2019 Mode of Procurement : Alternative Mode of Procurement (REPEAT ORDER) BAC Resolution # : #AMP-061 s, 2019 dated August 27, 2019
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Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : Materials and Management Dept. - San Lazaro Hospital	Delivery Term : FULL DELIVERY w/in 7 days upon receipt of approved PO
Date of Delivery : _____	Payment Term : _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	amps	TETANUS TOXOID INJECTION 0.5ML AMPULE: Tetanus Toxoid Adsorbed 40 IU/ 0.5ml suspension for Injection (IM) x 10's Offered: IMATET XXXXXXXXXXXXXXXXXXXXXXXX San Lazaro Hospital ACCOUNTING OFFICE Received Date: <u>9/6/19</u> Time: <u>10:02</u>	4,630	48.00	222,240.00



Total Amount in Words TWO HUNDRED TWENTY TWO THOUSAND TWO HUNDRED FORTY PESOS ONLY	222,240.00
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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme: _____
 Signature over Printed Name of Supplier
 Date _____



EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief II
 [Signature]

Fund Cluster : 05 Funds Available: _____ ANGELI JOYCE I. FIGURACION, CPA Accountant IV	ORS/BURS No. : 2019-09-161 Date of the ORS/BURS: 9/6/19 Amount : ₱ 222,240
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SAN LAZARO HOSPITAL
CHIEF OF QUINCY OFFICE

San Lazaro Hospital
BUDGET SECTION
RECEIVED