



Republic of the Philippines
 Department of Health
SAN LAZARO HOSPITAL
 Manila, Philippines
 Telephone Nos.: 732-3776 to 78; 732-3106
 E-mail Address: sanlazarohospital@yahoo.com
 Official Website: www.slh.ph



NTP No.: (AMP-DM-19-09-0240)

NOTICE TO PROCEED

**THE MANAGER
 EURO-MED LABORATORIES PHIL., INC.
 PPL Bldg. United Nations Avenue
 Manila**

Dear Sir/Madam:

This is to inform you that **Purchase Order No. 19-09-0240** dated **September 25th, 2019** in the amount of **PHP 290,500.00** which was awarded through **Alternative Mode of Procurement** with **BAC Resolution No. AMP-009, series 2019**, dated **September 16, 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 **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 II

I Acknowledge Receipt of This Notice on 9-30-19

Name of the Representative of the Bidder: PETER C. MORA

Authorized Signature: _____

SAN LAZARO HOSPITAL

Entity Name

Supplier: **EURO-MED LABORATORIES PHIL., INC.**

Address: **1000 PPL Bldg., United Nations Avenue, Manila**

TIN: _____

Tel / Fax #: **524-0091 to 98/ Fax #526-0977**

Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

P.O. No.: **19-09-0240**

Date: **September 26, 2019**

Mode of Procurement: **Alternative Mode of Procurement (Negotiated Procurement)**

BAC Resolution #: **AMP-009, s. 2019 dated September 16, 2019**

Place of Delivery: **Materials and Management Dept. - San Lazaro Hospital**

Date of Delivery: _____ Delivery Term: **FULL DELIVERY within 7 days upon receipt of approved PO**

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	bots	PLAIN NORMAL SALINE SOLUTION: 0.9% Sodium Chloride, 500ml XXXXXXXXXXXXXXXXXXXXX SAN LAZARO HOSPITAL CHIEF OF CENTRAL STORE M-1000/W MANUEL D. ROGERO 9-25-19 1:15 PM	7,000	41.50	290,500.00

SAN LAZARO HOSPITAL
PROCUREMENT DEPARTMENT
RECEIVED
RJR
DATE: 9-26-19 TIME: 1:44

SAN LAZARO HOSPITAL
FINANCE SERVICE
RECEIVED
By: *gmg*
Date: **9-26-19**
Time: **5:35**

OFFICE OF THE DIRECTOR
SEP 27 2019
Prock
RECEIVED
SAN LAZARO HOSPITAL

SAN LAZARO HOSPITAL
PROCUREMENT DEPARTMENT
RECEIVED
DATE: **9-20-19**
TIME: **12:22**

Total Amount in Words: **TWO HUNDRED NINETY THOUSAND FIVE HUNDRED PESOS ONLY** **290,500.00**

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]
Signature over Printed Name of Supplier
9-20-19 Date

Very truly yours,

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

Fund Cluster: **05**
Funds Available: _____

ANGELI JOYCE I. FIGURACION, CPA
Accountant IV *[Signature]*

ORS/BURS No.: **02286443-2019-89-191**
Date of the ORS/B: **9/25/19**
Amount: **P 290,500**

SAN LAZARO HOSPITAL
CHIEF ADMINISTRATIVE OFFICE
RECEIVED
BY: **VICTORIA C. PARANPAN**
DATE: **SEP 27 2019** *[Signature]*