



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.doh.gov.ph](http://www.slh.doh.gov.ph)



**NTP No.: AMP-19-09-0226**

## **NOTICE TO PROCEED**

**THE MANAGER**  
**VMED MEDICAL SUPPLY**  
1331 Dagupan St.,  
Tondo, Manila

**Dear Sir/Madam:**

This is to inform you that **Purchase Order No. 19-09-0226 dated September 11, 2019** in the amount of **PHP. 209,650.00** which was awarded through **Negotiated Procurement- TWO-FAILED BIDDINGS**, with **CADAVERS BAG** 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) Working Days** to commence upon receipt of this notice.

Enclosed 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 10/04/19

Name of the Representative of the Bidder: ARIENE J. SAMOY

Authorized Signature: 

Address : 1331 Dagupan St. Manila

Date : September 11, 2019

TIN :

Mode of Procurement : **NEGOTIATED PROCUREMENT (TWO-FAILED BIDDING)**

Tel / Fax # : (02) 254-0018 / Fax No: (02) 255-1108

BAC Resolution # : PB-0106 s. 2019 dated: May 14, 2019; AMP-064 s. 2019 dated: July 1, 2019

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 : Seven (7) Working Days

Date of Delivery :

Payment Term :

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	PCS	CADAVERS BAG - Nylon, heavy duty with zipper, Medium size, color black	300	599.00	179,700.00
	PCS	CADAVERS BAG - Nylon, heavy duty with zipper, Small size, color black	50	599.00	29,950.00

SAN LAZARO HOSPITAL  
 FINANCE SERVICE  
 RECEIVED  
 Date: 9-27-19  
 Time: 5:00

SAN LAZARO HOSPITAL  
 CHIEF ADMINISTRATIVE OFFICE  
 RECEIVED

San Lazaro Hospital  
 ACCOUNTING OFFICE  
 DATE: SEP 30 2019

San Lazaro Hospital  
 BUDGET SECTION  
 RECEIVED  
 NAME: [Signature]  
 DATE/TIME: 2019 10-04-19

Received  
 Date: 9/24/19  
 Time: 1:05

SAN LAZARO HOSPITAL  
 PROCUREMENT DEPARTMENT  
 RECEIVED  
 DATE: 9-20-19 TIME: 9:00

OFFICE OF THE DIRECTOR  
 SEP 30 2019  
 RECEIVED  
 SAN LAZARO HOSPITAL

Total Amount in Words: **Two Hundred Nine Thousand Six Hundred Fifty Pesos Only** 209,650.00

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 over Printed Name of Supplier: Arlene S. Bamoy  
 Date: 10/04/19

Very truly yours,  
 EDMUNDO B. LOPEZ, MD, MPH, MHA  
 Medical Center Chief II

Fund Cluster : ol  
 Funds Available:   
 ANGELI JOYCE I. FIGURACION, CPA  
 Accountant IV

ORS/BURS No. : 02.1010.2019.09.00798  
 Date of the ORS/BURS: 9/18/19  
 Amount: ₱ 209,650

SAN LAZARO HOSPITAL  
 PROCUREMENT DEPARTMENT  
 RECEIVED  
 DATE: 10/4/19 TIME: 8:30



# PURCHASE ORDER

**SAN LAZARO HOSPITAL**

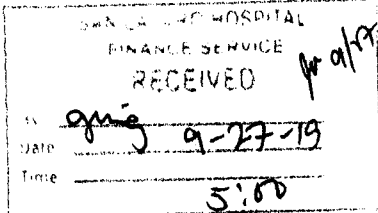
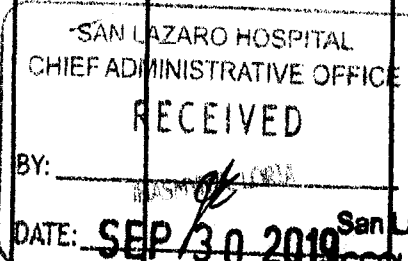
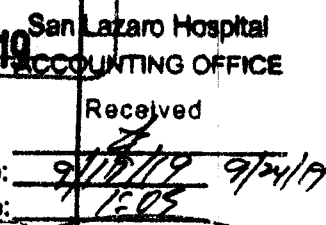
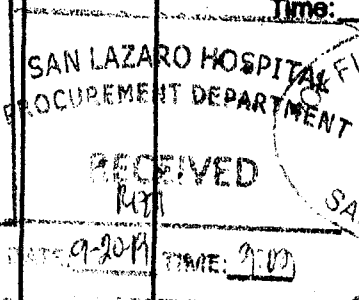
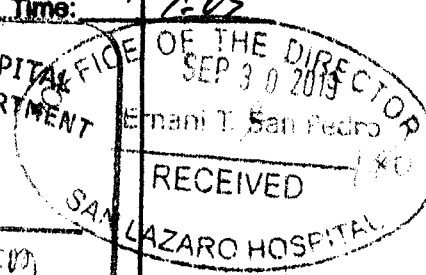
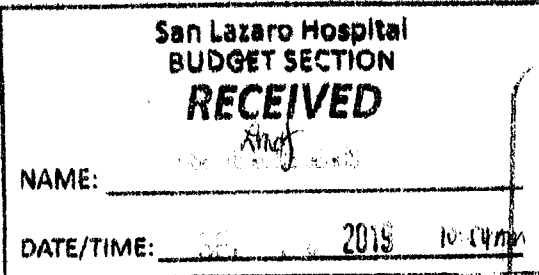
Entity Name

**19090226**  
**19-09-0226**

Supplier : <b>VMED MEDICAL COMPANY</b>	P.O. No. : <b>19-09-0226</b>
Address : <b>1331 Dagupan St., Tondo Manila</b>	Date : <b>September 11, 2019</b>
TIN : _____	Mode of Procurement : <b>NEGOTIATED PROCUREMENT (TWO-FAILED BIDDING)</b>
Tel / Fax # : <b>(02) 254-0018 / Fax No: (02) 255-1108</b>	BAC Resolution # : <b>PB-0106 s. 2019 dated: May 14, 2019; AMP-064 s. 2019 dated: July 1, 2019</b>

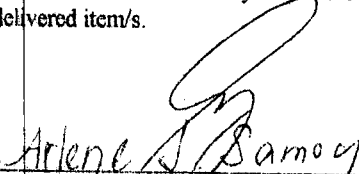
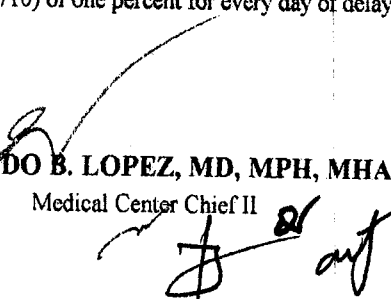
Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <b>Materials and Management Dept. - San Lazaro Hospital</b>	Delivery Term : <b>Seven (7) Working Days</b>
Date of Delivery : _____	Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pcs	<b>CADAVERS BAG - Nylon, heavy duty with zipper, Medium size, color black</b>	<b>300</b>	<b>599.00</b>	<b>179,700.00</b>
	pcs	<b>CADAVERS BAG - Nylon, heavy duty with zipper, Small size, color black</b>	<b>50</b>	<b>599.00</b>	<b>29,950.00</b>
     					

Total Amount in Words	<b>Two Hundred Nine Thousand Six Hundred Fifty Pesos Only</b>	<b>209,650.00</b>
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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.

onforme:  Signature over Printed Name of Supplier <b>Arlene S. Samoy</b> Date: <b>10/04/19</b>	Very truly yours,  <b>EDMUNDO B. LOPEZ, MD, MPH, MHA</b> Medical Center Chief II
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and Cluster : _____ ands Available: _____ <b>ANGELI JOYCE I. FIGURACION, CPA</b>	QRS/BURS No. : <b>02-10/101-2019-09-00798</b> Date of the QRS/BURS: <b>9/18/19</b> Amount : <b>209,650</b> <b>SAN LAZARO HOSPITAL</b>
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