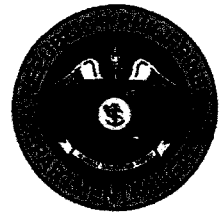




Republic of the Philippines
Department of Health
SAN LAZARO HOSPITAL
Manila, Philippines
Telephone Nos.: 732-3776 to 78; 732-3106
E-mail Address: sanlazarohospital@yahoo.com
Official Website: www.slh.doh.gov.ph



NTP No.: (AMP-DM-19-07-0176)

NOTICE TO PROCEED

**THE MANAGER
PHIL.PHARMAWEALTH, INC.**

Suite 3001, East Tower Phil. Stock Exchange Centre,
Exchange Road, Ortigas Center, Pasig City

Dear Sir/Madam:

This is to inform you that **Purchase Order No. 19-07-0176 dated July 2, 2019** in the amount of **PHP 433,477.14** which was awarded through **REPEAT ORDER**, with **BAC Resolution No. AMP-053, series 2019**, dated **May 15, 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 II *ga*

I Acknowledge Receipt of This Notice on 7/19/19

Name of the Representative of the Bidder: _____

Authorized Signature: 

Phi Pharmaceut

PO #

19-07-016

Suite 3001, East Tower Phil. Stock Exchange Centre, Exchange Road,
 Ortigas Center, Pasig City
 Date: **July 02, 2019**
 Mode of Procurement: **REPEAT ORDER**
 Tel/Fax #: **633-0053 to 57/ Fax No. 633-95-12/9513**
 BAC Resolution #: **AMP-053 S. 2019 dated May 15, 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 Lázaro Hospital**
 Delivery Term: **FULL DELIVERY within seven (7) days upon receipt of approved P.O.**
 Date of Delivery:
 Payment Term:

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	vials	AMIKACIN INJECTION: Amikacin (as Sulfate) 125mg/ml, Solution for Injection (IM,IV), Clear glass vial x 2ml (box of 10's) Brand Offered: CINMIK (Item # 6.1)	775	47.33	36,680.75
	vials	CEFUROXIME INJECTION: Cefuroxime (as Sodium) 750mg Powder for Injection (IM,IV), Clear glass USP Type I vial (box of 10's), China Brand Offered: HAROX (Item # 7.2)	90	14.89	1,340.10
	vials	CEFTRIAZONE INJECTION: Ceftriazone (as Sodium) 1g Powder for Injection, (IM/IV) in a box of 1 - USP Type II clear glass vial (box of 1's and 10's) 10ml Brand Offered: AXEFEN (Item # 7.5)	1,782	18.77	33,448.14
	vials	CEFEPIME : Cefepime (as Hydrochloride), 1g Powder for Injection (IM/IV) clear colorless glass vial with yellow flip-off seal; box of 10's Brand Offered: ZEPIME (Item # 7.3)	405	89.77	36,356.85
	vials	MEROPENEM INJECTION (as trihydrate), 500mg, vial powder for injection (IV) + diluent USP Type II Colorless Glass vial with aluminium seal and purple flip-off cap+ Diluent: LDPE vial x 10ml (box of 1 vial of diluent) Brand Offered: MEPENEM (Item #10.2)	725	118.34	85,796.50
	vials	MEROPENEM INJECTION: (as trihydrate) 1g, vial powder for injection (IV) + diluent Type II Colorless Glass vial with aluminium seal and purple flip-off cap+ Diluent: LDPE vial x 10ml (box of 1 vial + 2 vials of diluent) Brand Offered: MEPENEM (Item #10.3)	495	147.34	72,933.30

Total Amount in Words: **Sub-total 266,555.64**

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.

Conforms: **FAXED**
 Signature over Printed Name of Supplier: _____
 Date: _____
 Date: **7/19/19**
 TIME: **4:10**
 Very truly yours,
EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief II

Fund Cluster: **05**
 Funds Available: _____
 ORS/BURS No.: **08506443-2019-07-106**
 Date of the ORS/BURS: **7/19/19**
 Amount: **₱ 433,077.10**

page 1 of 2 pages