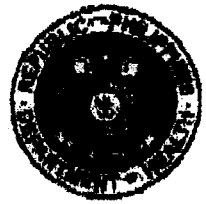




Republic of the Philippines
 Department of Health
SAN LAZARO HOSPITAL
 Manila, Philippines
 Telephone Nos.: 732-3776 to 78; 732-3106
 E-mail Address: sanlazaro@hospital@yahoo.com
 Official Website: www.slh.doh.gov.ph



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

NOTICE TO PROCEED

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

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

I Acknowledge Receipt of This Notice on SEPTEMBER 25, 2019

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

Authorized Signature: *[Signature]*

PURCHASE ORDER

SAN LAZARO HOSPITAL

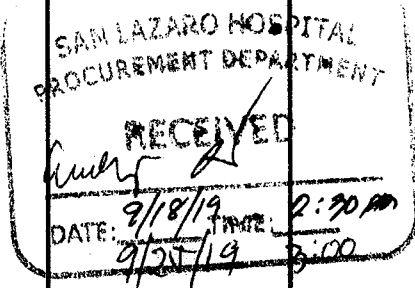
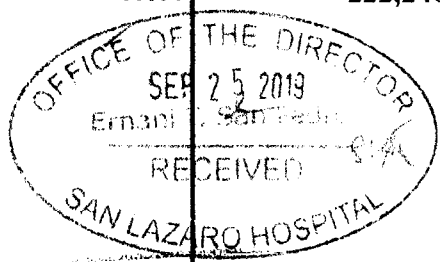
Entity Name

Supplier : SAHAR INTERNATIONAL TRADING, INC. Address : #354 Aguirre Avenue Phase III, BF Homes Parañaque City 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-001 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 XXXXXXXXXXXXXXXXXXXXXXXXXXXX San Lazaro Hospital ACCOUNTING OFFICE Received Date: <u>9/6/19</u> Time: <u>10:02</u>	4,630	48.00	222,240.00



SAN LAZARO HOSPITAL
FINANCE SERVICE
RECEIVED
Date: 9-24-19
Time: 10:36

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: _____

FAXED

DATE: 9/25/19

TIME: 3:10

BY: _____

Verdunly yours,

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

Fund Cluster : <u>05</u> Funds Available: _____ ANGELI JOYCE I. FIGURACION, CPA Accountant IV	ORS/BURS No. : <u>02-206443-2019-09-161</u> Date of the ORS/BURS: <u>9/6/19</u> Amount : <u>₱ 222,240</u>
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SAN LAZARO HOSPITAL
GROUP OF CLINICAL CENTERS

**San Lazaro Hospital
BUDGET SECTION
RECEIVED**