



PURCHASE ORDER

SAN LAZARO HOSPITAL

Entity Name

Figueras
2/1/19

Supplier: **REBMANN, INCORPORATED** P.O. No.: **18-12-0364**

Address: 3rd Floor, Picture City, #88 Timog Avenue, Quezon city Date: December 28, 2018

TIN: _____ Mode of Procurement: REPEAT ORDER CY 2018

Tel / Fax #: (632) 922-8255 / Fax: (632) 921-5103 BAC Resolution #: AMP - 057 s. 2018

Dated: December 28, 2018

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
	bxs	MASK N-95 particulate Respirator Mask, box of 20's BRAND: 3m	50	1,500.00	75,000.00
	rls	PLASTER LEUKOFIX 1/2 inch (1.25cm x 9.14cm) adhesive, easy tear, hypoallergenic transparent 24rolls/box BRAND: BSN	750 (31 boxes & 6 rolls)	23.75	17,812.50
	rls	PLASTER LEUKOFIX 2 inch (5cm x 9.2m) adhesive, easy tear, hypoallergenic transparent 6rolls/box BRAND: BSN	875 (145 boxes & 5 rolls)	60.00	52,500.00
	bxs	TRACHEOSTOMY SET Portex Blue Line Tracheostomy Fenestrated cuffed size 7, 1 set/box BRAND: PORTEX	12	2,310.00	27,720.00
	bxs	TRACHEOSTOMY SET Portex Blue Line Tracheostomy Fenestrated cuffed size 8, 1 set/box BRAND: PORTEX	12	2,310.00	27,720.00

San Lazaro Hospital
ACCOUNTING OFFICE
Received
Date: 1/22/19
Time: 9:20 AM

San Lazaro Hospital
ACCOUNTING OFFICE
Received
Date: 1/30/19
Time: 11:30

RECEIVED
NURSE OFFICE

FEB 05 2019

Total Amount in Words: **Two Hundred Thousand Seven Hundred Fifty Two Pesos & 50/100 Only** 200,752.50

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.

Signature over Printed Name of Supplier: *NORA C. CRENS*
Date: Feb 11/2019

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

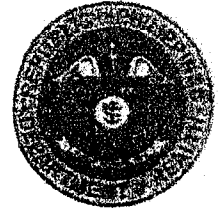
and Cluster: 01
Accounts Available: ANGELI JOYCE I. FIGURACION, CPA
Accountant IV

ORS/BURS No.: 02-10001-2018-12.0/154
Date of the ORS/BURS: 12/29/18
Amount: ₱ 200,752.50

2/9/19 7.77
Appendix 61



Republic of the Philippines
 Department of Health
SAN LAZARO HOSPITAL
 Manila, Philippines
 Telephone Nos.: 732-3776 to 78; 732-3106
 E-Mail Address: slhbacoffice2018@gmail.com



December 28, 2018

NOTICE OF AWARD

CERTIFIED TRUE COPY

[Signature]

REBMAN INCORPORATED

3rd Floor, Picture City,
 #88 Timog Avenue, Quezon City
 Telephone No.: (632) 9228255 / Fax no.: (632) 9215103

Dear Sir / Madam:

This is to inform you that, as recommended by the Bids and Awards Committee through BAC Resolution No. AMP-057 s. 2018 dated December 28, 2018, the project: **Procurement of Various Medical Supplies** has been awarded to your company through **Alternative Method of Procurement: Repeat Order** with a total contract price of **TWO HUNDRED THOUSAND SEVEN HUNDRED FIFTY TWO PESOS & 50/100** inclusive of local taxes broken down as follows:

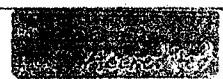
Item No.	Particulars	Specifications	Total No. of Quantity	Unit	Unit Price	Total Price
1	Mask	N-95 Particulate Respirator Mask, Box of 20's BRAND: 3M	50 boxes	box	1,500.00	75,000.00
2	Plaster	LEUKOFIX 1/2 inch (1.25cm x 914cm) adhesive, easy tear, hypo allergenic, transparent 24 rolls/box BRAND: BSN	31 boxes 6 rolls	box roll	570.00 23.75	17,670.00 142.50
3	Plaster	LEUKOFIX 2 inches (5cm x 9.2 m) adhesive, easy tear, hypoallergenic, transparent, 6 rolls/box BRAND: BSN	145 boxes & 5 rolls	box roll	360.00 60.00	52,200.00 300.00
4	Tracheos- tomy Set	Portex Blue Line Tracheostomy Fenestrated cuffed Size 7, 1 set/box BRAND: PORTEX	12 boxes	box	2,310.00	27,720.00
5	Tracheos- tomy Set	Portex Blue Line Tracheostomy Fenestrated cuffed Size 8, 1 set/box BRAND: PORTEX	11 boxes	box	2,100.00	23,100.00
TOTAL AMOUNT						PHP 200,752.50

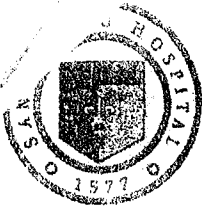
Relative thereto, you are hereby directed to submit, within ten (10) calendar days from receipt of this NOA your WARRANTY SECURITY in any form stipulated in the Revised IRK of Republic Act 9184 in the amount equivalent to percentage of the total contract price based on the schedule below:

CERTIFIED TRUE COPY
 Procurement Department

[Signature]
 NESH MARIL DAVE

Page 1 of 2
 Repeat Order:
 Procurement of Various Medical Supplies
 BAC Resolution No. AMP-057 s. 2018
 SLHBAC2018





Republic of the Philippines
 Department of Health
SAN LAZARO HOSPITAL

Manila, Philippines
 Telephone Nos.: 732-3776 to 78; 732-3106
 E-Mail Address: slhbacoffice2018@gmail.com



1. Cash or Letter of Credit issued by a Universal or Commercial Bank: Provided, however, That the Letter of Credit shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	Five Percent (5%)
2. Bank guarantee confirmed by a Universal or Commercial Bank.	Ten Percent (10%)
3. Surety bond callable upon demand issued by GSIS or a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security	Thirty Percent (30%)

Failure to provide the warranty security shall constitute sufficient ground for cancellation of the award. Please be guided accordingly.

Very truly yours,

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

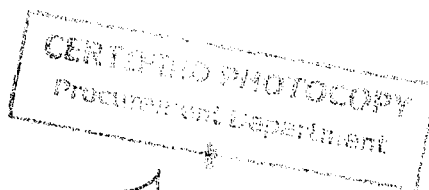
CONFORME:

REBMON INC

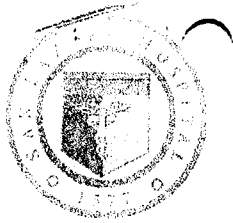
Name of Company

NORA O. CRISTOG *NWO* *Jan 14/19*

Name and Signature of Authorized Signatory & Date



[Signature]
 RECEIVED



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.sanlazarohospital.com.ph



NTP No.: AMP 18-12-115

NOTICE TO PROCEED

THE MANAGER
REBMANN, INCORPORATED
 3rd Floor, Picture City, #88 Timog Avenue,
 Quezon City

Dear Sir/Madam:

This is to inform you that the **Purchase Order No. 18-12-0364** dated **December 28, 2018** in the amount of **PHP 200,752.50** which was awarded through Alternative Mode of Procurement using **REPEAT ORDER** under **BAC Resolution No. AMP – 057 s. 2018** dated **December 28, 2018** for the procurement of **MEDICAL SUPPLIES** 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

CERTIFIED TRUE COPY
PROCUREMENT SECTION

EWELYN B. CRISTOBAL

I Acknowledge Receipt of This Notice on: Feb 11, 2019

Name of the Representative of the Bidder: Wendy C. Cruz

Authorized Signature: [Signature]