



SAN LAZARO HOSPITAL
Entity Name

MAR 03 2020

Supplier: **FRESENIUS MEDICAL CARE PHILS. INC** P.O. No.: **20-01-0025**
 Address: 15th Flr. AEON Centre, Alabang Zapote Road Cor. Northgate Bridgeway, Date: **January 27, 2020**
 City: **Muntinlupa City.** Mode of Procurement: **SMALL VALUE**
 Tel. Fax #: **891-9575-79 / Fax No: 588-2600-01** BAC Resolution #: **AMP-026-A s.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
		CATEGORY: MEDICAL SUPPLIES			
	pcs	1. STAY SAFE DISINFECTION CAP (40)	250	18.00	4,500.00
	pcs	2. STAY SAFE/ LUER-LOCK CATH.EXT. 40 CM FIX	15	1,235.00	18,525.00
	pcs	3. CATHETER ADAPTOR LUER-LOCK W. CLOSURE CAP	15	325.00	4,875.00
	bag	4. CAPD 17 Stay Safe 2L (1.5% Glucose, 1.25mmol/l Calcium	250	210.00	52,500.00
	pcs	5. PD Waist Belt (New)	6	325.00	1,950.00
	pcs	6. STAYSAFE ORGANIZER	6	910.00	5,460.00

San Lazaro Hospital
ACCOUNTING OFFICE
Received
2/20/2020

San Lazaro Hospital
PROCUREMENT DEPARTMENT
Date: 2/19/2020

San Lazaro Hospital
BUDGET SECTION
RECEIVED
LISETTE M. DE JESUS
NAME: _____
DATE/TIME: _____

SAN LAZARO HOSPITAL
PROCUREMENT DEPARTMENT
RECEIVED
DATE: 2-18-2020 TIME: 4:05 PM

Total Amount In Words: **EIGHTY SEVEN THOUSAND EIGHT HUNDRED TEN PESOS ONLY** Amount: **87,810.00**

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: _____ Very truly yours,
 Signature over Printed Name of Supplier: _____
 Date: _____
EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief II

Fund Cluster: _____ ORS/BURS No.: **021 206443 2020. 021 055**
 Funds Available: _____ Date of the ORS/BURS: **2/14/2020**
 Amount: **₱ 87,810**