



PURCHASE ORDER

SAN LAZARO HOSPITAL

Entity Name

SAN LAZARO HOSPITAL
 PROCUR. DEPARTMENT
 RECEIVED
Quilyn 9/15/2020
 DATE: _____ TIME: _____

Supplier : GETZ BROS. PHILIPPINES, INC.	P.O. No. : 20-09-0302
Address : 5th F Ortigas Bldg. Ortigas Ave. Pasig City	Date : September 01, 2020
TIN : _____	Mode of Procurement : Emergency Case
Tel / Fax # : 7840488/F: 6311639	BAC Resolution # : AMP-047-A s.2020

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 : 4-6 weeks
Date of Delivery : _____	Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	box	NUCLEIC ACID EXTRACTION KIT: FDA registered, DOH-RITM validated and optimized, suited for WHO recommended protocols for SARS-COV2 (COVID 19) viral nucleic acid extraction and compatible with different brands of viral transport media/sample storage media and PCR kits, compatible with end user's equipment, 250 preparations/kit, to include the following consumables: Individually packed spin columns for 250 preps, 2ml collection tubes, Carrier RNA, 2 different sets of Wash buffers, Rinse free water. With expiry date of 1 year from date of delivery. Offer: QIAamp Viral RNA Mini Kit (250) (250 preparation/kits), 250 spin columns, 2ml Collection tube, Carrier RNA, 2 different wash buffers	7	106,620.00	746,340.00

RECEIVED
 By: *Quilyn*
 Date: 9-11-2020
 Time: 1:55

OFFICE OF THE DIRECTOR
 SEP 16 2020
 Emari T. San Pedro
RECEIVED
 NAME: ARVEY E. CRUZ
 DATE/TIME: 09-07-20

SAN LAZARO HOSPITAL
 PROCUREMENT DEPARTMENT
RECEIVED
 DATE: 09-09-2020 TIME: 3:20

SAN LAZARO HOSPITAL
 CHIEF OF CLINICS OFFICE
RECEIVED
 By: *Manuel D. Rogery*
 Date: 9-14-20
 Time: 17:06

SAN LAZARO HOSPITAL
 ACCOUNTING OFFICE
 Received
 TERRY
 Date: 9/8/20
 Time: 11:00 AM

Total Amount In Words	Seven Hundred Forty Six Thousand Three Hundred Forty Pesos Only	746,340.00
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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
 Very truly yours,
 DATE: 9/15/2020
 TIME: 9:35
EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief II

Fund Cluster : 67	ORS/BURS No. : 021 208604 2020 09-004
Funds Available: _____	Date of the ORS/BURS: 9/7/2020