

SAN LAZARO HOSPITAL

Entity Name

Supplier: WELCOME BUILDERS CORP. Address: 1755 a. Oroquieta St. Sta Cruz 034 Brgy 337 Manila TIN: _____ Tel / Fax #: 8710-4799 / 8740-1203 / 0917-5131-245	P.O. No.: 20-08-0261 Date: 4-Aug-20 Mode of Procurement: AMP-Negotiated Procurement (Emergency Cases) BAC Resolution #: AMP-12 s. 2020
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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: Three (3) Working Days
Date of Delivery: _____	Payment Term: _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SINGLE/DOUBLE LEAF FLASH TYPE WOODEN DOOR - BLDG. A & B (3RD FLOOR) Supply and installation of doors with accessories with the following specifications: 1. Door jamb 2. Swing in, doors for wall opening is: - 3 sets, 210 x 84, 85cm - 3 sets, 207 x 159, 160, 162 cm - 1 set, 207 x 101 cm - 2 sets, 212 x 84cm - 2 sets, 212 x 161, 164cm - 1 set, 204 x 156 cm - 1 set, 205 x 157 cm - 2 sets, 211 x 160, 162cm - 1 sets, 209 x 89cm - 9 sets, 213 x 127, 126cm - 1 set, 211 x 126cm - 2 sets, 214 x 127cm 3. Swing in and out, door for wall opening. - 2 sets, 210 x 160 cm with top and side panels, push plates and self closing double action hinges. 4. Viewing glass 5. Self closing door hinges 6. HD Door Knob (Lever Type) 7. Chain Head Bolt Lock 4" 8. Painting Note: -See attached detailed drawings -Verify exact dimension on site	1	934,501.50	934,501.50


SAN LAZARO HOSPITAL
 CHIEF ADMINISTRATIVE OFFICE
 RECEIVED
 OFFICE OF THE DIRECTOR
 AUG 24 2020
 Ernani T. San Pedro
 RECEIVED
 SAN LAZARO HOSPITAL


RECEIVED
 By: *gmg*
 Date: *8-24-20*
 Time: *8:50*

SAN LAZARO HOSPITAL
 PROCUREMENT DEPARTMENT
 RECEIVED
Alba Juan
 DATE: *8-25-20* TIME: *8:15*

Total Amount in Words	Nine Hundred Thirty Four Thousand Five Hundred One Pesos and 50/100	934,501.50
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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: 9/11/20

Very truly yours,

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

Fund Cluster: <u>01</u>	ORS/BURS No.: <u>0-2019-2020-08-00120</u>
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