



# PURCHASE ORDER

SAN LAZARO HOSPITAL

2019

Supplier: <b>PHIL. PHARMAWEALTH, INC.</b>	P.O. No.: <b>19-12-0290</b>
Address: <b>Suite 3001, East Tower Phil. Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City</b>	Date: <b>December 23, 2019</b>
TIN: _____	Mode of Procurement: <b>ALTERNATIVE MODE OF PROCUREMENT (Repeat Order)</b>
Tel / Fax #: <b>633-0053 to 57 / Fax No. 633-95-12/9513</b>	BAC Resolution #: <b>AMP-044 s. 2019 dated December 11, 2019</b>

Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: <b>Materials and Management Dept. - San Lazaro Hospital</b>	Delivery Term: <b>FULL DELIVERY seven (7) days upon receipt of approved PO</b>
Date of Delivery: _____	Payment Term: _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	bots	<b>PLAIN NORMAL SALINE SOLUTION (PNSS) : 0.9% Sodium Chloride 900mg per 100ml, 1 liter bottle Solution for IV Infusion. (box of 12's)</b> <b>Brand Offered: GENERIC</b> (Item #1)	<b>5,125</b>	<b>28.43</b>	<b>145,703.75</b>

SAN LAZARO HOSPITAL  
PROCUREMENT DEPARTMENT  
**RECEIVED**  
*Anita*  
DATE: 1/20/2020 TIME: 11:30

OFFICE OF THE DIRECTOR  
JAN 20 2020  
*Mac*  
**RECEIVED**  
SAN LAZARO HOSPITAL

*ging*  
1-17-2020  
2:10

Total Amount in Words	<b>ONE HUNDRED FORTY FIVE THOUSAND SEVEN HUNDRED THREE PESOS &amp; 75/100 ONLY</b>	<b>145,703.75</b>
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In case of failure to make the full delivery within the time specified above, a penalty of one percent (1.10) of the amount for every day of delay shall be imposed on the undelivered item's.

Conforme: \_\_\_\_\_  
Signature over Printed Name of Supplier  
Date: \_\_\_\_\_

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

DATE: 1/20/2020  
TIME: 7:30

Fund Cluster: <b>05</b>	ORs/BURS No.: <b>02206443-2019-12-293</b>
Funds Available: _____	Date of the ORS/BURS: <b>12/28/19</b>
<b>ANGELI JOYCE I. FIGURACION, CPA</b> Accountant IV	Amount: <b>P 145,703.75</b>

San Lazaro Hospital  
ACCOUNTING OFFICE

*Rizalina*  
**RIZALINA C. ALICANTADA**

*A. J. W.*



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](http://www.slh.doh.gov.ph)



**NTP No.: (AMP-DM-19-12-0290)**

**NOTICE TO PROCEED**

**THE MANAGER**  
**PHIL.PHARMAWEALTH, INC.**  
 Suite 3001, East Tower Phil. Stock Exchange Centre,  
 Exchange Road, Ortigas Center, Pasig City

**Dear Sir/Madam:**

This is to inform you that **Purchase Order No. 19-12-0290** dated **December 23, 2019** in the amount of **PHP 145,703.75** which was awarded through **REPEAT ORDER**, with **BAC Resolution No. AMP-044, series 2019**, dated **December 11, 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,

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

I Acknowledge Receipt of This Notice on 11/20/20

Name of the Representative of the Bidder: CLAIR S. [Signature]  
 Territory Manager

Authorized Signature: [Signature]

