



NOTICE TO PROCEED

PO No. : PO19-00792-NCSE'

NOA No.: 2019-PSNOA240-BACNOA7-DOH

MR. VAN WILLIAM L. CO
OMNIBUS BIO-MEDICAL SYSTEMS, INC.
4th Floor, Wilson Corporate Center, 225 Wilson St.,
Greenhills, San Juan City

Dear Mr. Co:

The attached Contract Agreement having been approved, notice is hereby given to **OMNIBUS BIO-MEDICAL SYSTEMS**, **INC.** that performance for the **Supply and Delivery of Blood Bank Equipment** under **PB No. 19-042-7** opened on **March 13**, **2019**, shall commence effective on the date of receipt of this Notice:

Lot No.	Item/Description Qty/ Unit		Unit Price	Total Amount	
1	Blast Freezer or Contact Shock Freezer	7 , units	₽ 3,436,000.00°	₽ 24,052,000.00 °	
<u></u>		 	TOTAL AMOUNT:	₽ 24, 0 52,000.00	

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Delivery Schedule.

Please acknowledge receipt of this notice by signing on the space provided below.

Very truly yours,

ELISA MAY ARBOLEDA-CUEVAS

Executive Director

Date of receipt of this Notice:

Name of Authorized Representative:

Signature of Authorized Representative:

Dec-10,2019

VANLY CARMONY

DBM Compound, General Solano Street, San Miguel, Manila

www.philgeps.gov.ph
(02) 640 6906 | 640 6907 | 640 6908 | 640 6909

PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61 689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

No PO19-M792-NCSE

es, Wester			silvér számosága		
To:					er 05, 2019
	4th Floor Wilson Corporate Center 225 Wilson Street, Greenhills			Reference: PUBLI BIDDING	No. 19-042-7
	San Juan City				03-13-2019
	Metro Manila				
	Diagram deliver the optical (a) / nyadupt/c)/cumplica/matori	ala liatad b	alour arie	and in accordance w	ith your Quotation
) .	Please deliver the article(s)/product(s)/supplies/materi -XXX- dated -XXX-			Terms and Condition	
	ack hereof:				
m D.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	ÖİY	UNIT	UNIT PRICE	AMOUNT
11	BLAST FREEZER OF CONTACT SHOCK FREEZER	7/	unit	3,436,000.00	24,052,000.00
	Capacity: Up to 24 standard plasma bags of 350ml to 500 ml or up to 16 large plasma bags of 1,000ml Power Supply input: 200-400V,60Hz Night Storage Control: -40 degree Celsius				
	For complete and detailed specifications, please refer to the attached Technical Evaluation Report which form part of this Purchase Order.				
	Delivery shall conform with the minimum labeling requirements under RA 7394.				·
	The Inspections and tests that will be conducted shall be in accordance with Section VII. Technical Specifications.				٠
				TOTAL AMOUNT	P 24,052,000.00
·L/	ACE OF DELIVERY:	DELIVERY	INSTRU	CTIONS:	
	case see above instructions			andred Twenty (120) C f Notice to Proceed (N	
	OS AVAILABILITY CERTIFIED BY:	AUTHORIZ	//K#	W	
A (yy	LLAN RAUL M. CATALAN ///2//7 ACCOUNTANT DATE	\ HLISA'N	IAY ARE // DIREC	OTOR (DATE
M	NIBUS BIO-MEDICAL SYSTEMS, and accepted subject to the Te	erms and Con	district of	merated at the back here	of. 0,2019
	NAME OF SUPPLIER AUTHORIZED REPRESE	NTATIVE	$_{H}$	DATE RECEIVED	DUE DATE

PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61

689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

To:	4th Floor Wilson Corporate Center 225 Wilson Street, Greenhills San Juan City Metro Manila			Date of PB:	BLIC G No. <u>19-042-7</u> 03-13-2019
	Please deliver the article(s)/product(s)/supplies/mater				titions enumerated at
	ack hereof: ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT	AMOUNT
No.	HEW AND DESCRIPTION OF ECITION TO 100 R. NO.	QIT	UNIT	PRICE	AWCONT
	A warranty covered by either retention money or special band guaranty equivalent to at least 1% of the payment on the contract price shall be required for a period of one (1) year after acceptance.				
	Subject to Expanded Withholding Tax, Final Withholding Tax and Other Percentage Taxes Reference R.A. 9337, Revenue Regulation Nos. 16-05, 14-02, 12-01 & 2-98.	*			
	The following document shall be deemed to form and be read and construed as part of this Purchase Order, viz: a)The Supplier's Bid including the Technical and Financial Proposals and other documents/statements submitted (e.g. bidder's response to clarifications on the bid), including corrections to the bid resulting from the Procuring Entity's bid evaluation;				
A SAME AND AND AN ANALYSIS OF THE PARTY OF T	b)The Schedule of Requirements; c)The Technical Specifications; d)the General Conditions of the Contract;				
			-	TOTAL AMOUNT	24,052,000.00
	CE OF DELIVERY:		INSTRUC		Calendar Days
FUNC	S'AVAILABILITY CERTIFIED BY: LLAN RAUL M. CATALAN	AUTHORI	W	OLEDA CUEVAS	3
4	ACCOUNTANT DATE	1,-	DIREC	TOR 🏇	DATE
OMP	$\underline{}$	470024	ditions enui	merated at the back he	reof:
	NAME OF SUPPLIER AUTHORIZED REPRESI (SIGNATURE OVER PRIN	ENTATIVE	-	DATE RECEIVED	DUE DATE

PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61 689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

No.

PO19-00792 -NCSE

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To:	OMNIBUS BIO-MEDICAL SYSTEMS, INC. 4th Floor Wilson Corporate Center 225 Wilson Street, Greenhills			Reference: PUBL BIDDING	No. <u>19-042-7</u>
	San Juan City Metro Manila			Date of PB:	03-13-2019
 ba	Please deliver the article(s)/product(s)/supplies/mater -XXX- dated -XXX-				vith your Quotation ons enumerated at
1	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
.]	e)The Special Conditions of the Contract; f)The Performance Security; and g)The entity's Notice of Award.				
	PROJECT SITES:				
	Philippine Blood Center, Lung Center Compound, Quezon Avenue, Quezon City				
	For the Department of Health-NVBSP APR No. 18-0035-S	-			
				TOTAL AMOUNT	24,052,000.0
	CE OF DELIVERY:	Wi	hin One F	ICTIONS: lundred Twenty (120) of Notice to Proceed (
	S AVAILABILITY CERTIFIED BY:	AUTHOF	IZED BY	BOLEDA - CUEVAS	
-() A	ACCOUNTANT DATE	17:	DIRE	CTOR 🏞	DATE
7 IMC ——	Purchase Order received and accepted subject to the NIBUS BIO-MEDICAL SYSTEMS, INC. NAME OF SUPPLIER AUTHORIZED REPRE	かかん SENTATIVE	onditions en	umerated at the back her Det 10, 2019 DATE RECEIVED	DUE DATE