



Republic of the Philippines
DEPARTMENT OF BUDGET AND MANAGEMENT
PROCUREMENT SERVICE - PhilGEPS

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

CONTRACT/PURCHASE ORDER

No. **PO20-00184 -NCSE**

To: **ENDURE MEDICAL, INC.**
 Unit 17-A Belvedere Tower
 San Miguel Avenue, Ortigas Complex
 Pasig City

Date April 16, 2020
 Reference: PUBLIC
 BIDDING No. 19-178-5
 Date of PB: 09/05/2019

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation No. XXX dated XXX subject to the Terms and Conditions enumerated at the back hereof:

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	Import documents per DOF Order No. 87-91, if applicable -For Department of Health - National Voluntary Blood Services Program (DOH-NVBSP) Reference: PS APR# 17-0131S ✓				
TOTAL AMOUNT					₱ 373,727.00

PLACE OF DELIVERY:
EDWIN ANDREW AIRBASE HOSPITAL
 Sta. Maria, Zamboanga City

DELIVERY INSTRUCTIONS:
 Within **NINETY (90) CALENDAR DAYS** from the date indicated in the Notice to Proceed (NTP)

FUNDS AVAILABILITY CERTIFIED BY:
SIGNATURE REDACTED
ALLAN RAUL M. CATALAN
 ACCOUNTANT
4/16/2020
 DATE

AUTHORIZED BY:
SIGNATURE REDACTED
USEC. LLOYD CHRISTOPHER A. LAO
 DIRECTOR *w*
14 MAY 2020
 DATE

Purchase Order received and accepted subject to the Terms and Conditions enumerated at the back hereof:

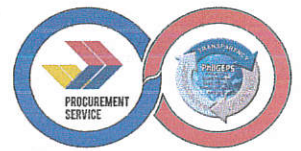
ENDURE MEDICAL, INC.
 NAME OF SUPPLIER

MS. SHARON MALABAD
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

DATE RECEIVED

DUE DATE

COPY FOR: SUPPLIER



NOTICE TO PROCEED

PO No. PO20-00184-NCSE
 NOA No. 2020 for 2019-PSNOA012-BACNOA5DOH-NVBSP

16 April 2020

MS. SHARON MALABAD
ENDURE MEDICAL, INC.

Unit 17A Belvedere Tower, San Miguel Avenue
 Ortigas Complex, Pasig City
 Tel. No.: 683-0054 to 57 Local 136
 Fax No.: 642-3812 / 634-4182
 Mobile No.: +63 9178519737
 Email: emi.enduremedical@gmail.com

Dear Ms. Malabad:

The attached Contract/Purchase Order having been approved, notice is hereby given to **ENDURE MEDICAL, INC.** that performance for Lot No. 2 of **Supply and Delivery of Blood Bank Refrigerator for the Department of Health – National Voluntary Blood Services Program (DOH – NVBSP)** under **PB No. 19-178-5** opened on September 5, 2019 shall commence effective on the date of receipt of this Notice:

LOT NO.	ITEM DESCRIPTION	QTY/ UOM	UNIT PRICE	TOTAL AMOUNT
2	Blood Bank Refrigerator, Upright, at least 500 bag capacity of 450 ml	1 unit	P 373,727.00	P 373,727.00

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,

SIGNATURE REDACTED

USEC. CHRISTOPHER LLOYD A. LAO
 OIC - Executive Director *[Signature]*

Date of receipt of this Notice: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____