

Republic of the Philippines Department of Budget and Management PROCUREMENT SERVICE BIDS AND AWARDS COMMITTEE



NOTICE TO PROCEED

PO No. PO19-00096-NCSE NOA No. 2019-PSNOA029-BACNOA5DOH-NVBSP

12 February 2019

SHEILA P. PATDU GREPCOR DIAMONDE, INC.

No. 14A 3rd Street Brgy. Mariana

New Manila Quezon City

Tel No.:

(02) 726-6400 / 726-1000

Mobile No.:

+63 917-868-6323 / +63 915-506-7374

Fax No.:

(02) 410-6184

Email:

sheila patdu@grepcordiamonde.com.ph /
rodelia deocareza@grepcordiamonde.com.ph

Dear Ms. Patdu:

The attached Contract/Purchase Order having been approved, notice is hereby given to **GREPCOR DIAMONDE, INC.** that performance for Lot No. 1 of **Supply and Delivery of Leukoreduction Machine for the Department of Health – National Voluntary Blood Services Program (DOH – NVBSP)** under **PB No. 18-349-5** opened on November 13, 2018 shall commence effective on the date of receipt of this Notice:

LOT NO.	ITEM DESCRIPTION	QTY/ UOM	UNIT PRICE	TOTAL AMOUNT
1	Leukoreduction Machine	2 units	P 1,895,000.00	P 3,790,000.00

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.

ELISA MAY ARBOLEDA-CUEVAS
Executive Director

Date of receipt of this Notice:	
•	
Name of Authorized Representative:	
Signature of Authorized Representative:	



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

CONTRACT/PURCHASE ORDER

No. PO19-00096 -NCSE

No		. Mariana, ity, ticle(s)/product(s	The state of the s			Date of PB:	IC [°] No. ₋ 1/13/1	18-349-5 8 our Quotation	
Item No.	ITEM and DESCRIPTI	ON/SPECIFICATION	IS/STOCK No.	QTY	UNIT	UNIT PRICE		AMOUNT	
1	LEUKOREDUCTION MBRAND and MODEL: Find the Albert of the Attached Technorm part of this Purchase Subject to Expanded With Tax and Other Percentage Regulation Nos: 16-05, 1-A warranty covered by a bank guarantee equivalent on the contract price shamonths after the end-use Please submit DR/Invoic Inspection Division after Please submit Warranty (As a precondition for pay	detailed specificat nical Evaluation Recorder. hholding Tax, Final Taxes. Ref: RA94-02,12-01 & 2-98 ither retention mont to at least 1% of ll be required for a r's date of final acce & Copy of P.O to direct delivery of the certificate	ions, please eport which al Withholding 337, Revenue 3. ney or special the payment period of 12 ceptance. o the this item.	2	units	1,895,000.00		3,790,000.00	
	02-12-00	96			T	OTAL AMOUNT	P	3,790,000.00	
PLACE OF DELIVERY: Philippine Blood Center Lung Center Compound Quezon City				DELIVERY INSTRUCTIONS: Within SIXTY (60) CALENDAR DAYS from the date indicated in the Notice to Proceed (NTP)					JER
ALLAN RAUL M. CATALAN ACCOUNTANT ACCOUNT				ELISA MA YARBÛLEDA - CUEVAS DIRECTOR DATE					FOR: SUPPLIER
	Purchase Ord GREPCOR DIAMONDE, I NAME OF SUPPLIER	NC.	MS. SHEILA AUTHORIZED REPRESE	P. PATDU NTATIVE		DATE RECEIVED	of:	DUE DATE	COPY F

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

CONTR	ACT	/DIID	CHAS	SEO	DNED
CONIR	AUI	IFUN	UNA		NULN

ACCOUNTANT

GREPCOR DIAMONDE, INC.

NAME OF SUPPLIER

No. PO19-00096-NCSE

No		DateFehrnary 11, 2019 Reference: PUBLIC BIDDING No. 18-349-5 Date of PB:11/13/18 Prials listed below priced in accordance with your Quotationsubject to the Terms and Conditions enumerated at					
trie b	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						
	02-12-1094			TOTAL AMOUNT	7 3,790,000.00		
PLACE OF DELIVERY: Philippine Blood Center Lung Center Compound Quezon City FUNDS AVAILABILITY CERTIFIED BY:		DELIVERY INSTRUCTIONS: Within SIXTY (60) CALENDAR DAYS from the date indicated in the Notice to Proceed (NTP) AUTHORIZED BY					
Al	LLAN RAUL M. CATALAN	ELISA MAY ARXULEDA - CUEVAS					

DATE

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

MS. SHEILA P. PATDU

AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME)

DIRECTOR

DATE RECEIVED

DATE

DUE DATE