



Republic of the Philippines
 Department of Budget and Management
PROCUREMENT SERVICE

RR Road, Cristobal Street, Paco, Manila, Philippines 1007
 Trunk line: 689-7750 Direct line: 563-9365 & 563-9395



NOTICE TO PROCEED

January 11, 2019

PO No.

19-00017-NCSE

NOA No.

2018-PSNOA265-BACNOA3-PS

LODELYN C. BELIGOLO

METRO DRUG, INC. JVA WITH INTERPHARMA HOLDINGS & MANAGEMENT CORP.

32/F Zuellig Bldg., Makati Ave. cor. Paseo De Roxas
 Makati City

Dear Ms. Beligolo:

The attached Purchase Order having been approved, notice is hereby given to **METRO DRUG, INC. JVA WITH INTERPHARMA HOLDINGS & MANAGEMENT CORP.** that performance on **Supply and Delivery of Insulin & Insulin Syringe for the Department of Health (DOH)** for the following items under **PB 18-365-3** shall commence effective on the date of receipt of this Notice:

ITEM NO.	ITEM/DESCRIPTION	QTY	UOM	AMOUNT
1	ISOPHANE HUMAN INSULIN, IM/SC, or SC Brand: SCILIN N	300,000	vials	₱18,750,000.00

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

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

Very truly yours,

BINGLE B. GUTIERREZ

Executive Director

Date of receipt of this Notice: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____



CONTRACT/PURCHASE ORDER

No. **PO19-00017 -NCSE**

To: **METRO DRUG, INC. JVA WITH INTERPHARMA HOLDINGS & /
 MANAGEMENT CORPORATION**
 32 F Zuellig Bldg., Makati Ave.,
 cor Paseo De Roxas,

Date January 11, 2019
 Reference: PUBLIC BIDDING NO. PB#18-365-3
 Date of PB: 11/27/2018

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:

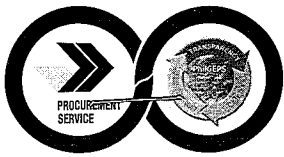
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
1	ISOPHANE HUMAN INSULIN, IM/SC, or SC / BRAND: SCILIN N For complete and detailed specifications, please refer to the attached Technical Evaluation Report which form part of this Purchase Order. The inspections and tests that will be conducted shall be in accordance with Section VII. Technical Specifications. Additional quantity in every batch of delivery for acceptance and testing purposes during FDA Test. A warranty security in the form of either retention money or special bank guarantee equivalent to at least 1% of the payment on the contract price shall be required for a period of three (3) months 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.	300,000	vial	62.50	18,750,000.00
TOTAL AMOUNT					18,750,000.00

01-15-0017

PLACE OF DELIVERY: Please refer to the Allocation List	DELIVERY INSTRUCTIONS: Please refer to the above Delivery Instructions
FUNDS AVAILABILITY CERTIFIED BY: <u>ALLAN RAUL M. CATALAN</u> ACCOUNTANT	AUTHORIZED BY: <u>BINGLE B. GUTIERREZ</u> DIRECTOR
DATE	DATE <u>11 JAN 2019</u>

INTERPHARMA HOLDINGS & MANAGEMENT CORPORATION (NAME OF SUPPLIER)
METRO DRUG INC. JVA WITH INTERPHARMA HOLDINGS (AUTHORIZED REPRESENTATIVE)
 DATE RECEIVED DATE

COPY FOR: SUPPLIER



CONTRACT/PURCHASE ORDER

No. **PO19-00017-NCSE**

To: METRO DRUG, INC. JVA WITH INTERPHARMA HOLDINGS & MANAGEMENT CORPORATION
 32 F Zuellig Bldg., Makati Ave.,
 cor Paseo De Roxas,

Date January 11, 2019
 Reference: PUBLIC BIDDING No. PB#18-365-3
 Date of PB: 11/27/2018

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:

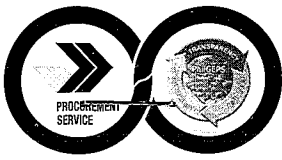
Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	<p>Please submit DR/Invoice & Copy of P.O to the Inspection Division after direct delivery of this item.</p> <p>Please submit Warranty Certificate, if applicable.</p> <p>As a precondition for payment submit authenticated Import documents per DOF Order No. 87-91, if applicable.</p> <p>The following documents shall be deemed to form and be read and construed as part of this Purchase Order, viz:</p> <p>a) the Supplier's Bid, including the Technical and Financial Proposals, and all 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;</p> <p>b) the Schedule of Requirements;</p> <p>c) the Technical Specifications;</p> <p>d) the General Conditions of Contract;</p> <p>e) the Special Conditions of Contract;</p>				
TOTAL AMOUNT					18,750,000.00

01-15-0017

PLACE OF DELIVERY: Please refer to the Allocation List	DELIVERY INSTRUCTIONS: Please refer to the above Delivery Instructions
FUNDS AVAILABILITY CERTIFIED BY: <u>ALLAN RAUL M. CATALAN</u> ACCOUNTANT	AUTHORIZED BY: <u>BINGLE B. GUTIERREZ</u> DIRECTOR
DATE	DATE <u>16 JAN 2019</u>

INTERPHARMA HOLDINGS & MANAGEMENT CORPORATION (NAME OF SUPPLIER)
METRO DRUG INC. JVA WITH INTERPHARMA HOLDINGS (AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME))
 DATE RECEIVED _____ DUE DATE _____

COPY FOR: SUPPLIER



CONTRACT/PURCHASE ORDER

No. **PO19-00017 -NCSE**

To: METRO DRUG, INC. JVA WITH INTERPHARMA HOLDINGS & MANAGEMENT CORPORATION
 32 F Zuellig Bldg., Makati Ave.,
 cor Paseo De Roxas,

Date January 11, 2019
 Reference: PUBLIC BIDDING NO. PB#18-365-3
 Date of PB: 11/27/2018

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
	f)the Performance Security; and g)the Entity's Notice of Award h)the Allocation List Contact person: Ariel I. Valencia, MD, MPH, CESO III Director IV Supply Chain Management Services DOH Central Office, Tayuman, Sta. Cruz, Manila Contact Number: 651-7800 Loc. 2204 Note: Supplier should coordinate with the Contact Person prior to Delivery for the actual quantity to be delivered. Delivery Instructions: Holding Area provided by the Supplier: Within Sixty (60) calendar days from the receipt date indicated in the Notice to Proceed (NTP), for the inspection and submission of samples for FDA testing; Delivery Period:				
TOTAL AMOUNT					18,750,000.00

01-15-0017

PLACE OF DELIVERY:
 Please refer to the Allocation List

DELIVERY INSTRUCTIONS:
 Please refer to the above Delivery Instructions

FUNDS AVAILABILITY CERTIFIED BY:
ALLAN RAUL M. CATALAN
 ACCOUNTANT

AUTHORIZED BY:
BINGLE B. GUTIERREZ
 DIRECTOR

INTERPHARMA HOLDINGS & MANAGEMENT CORPORATION (NAME OF SUPPLIER)
METRO DRUG INC. JVA WITH INTERPHARMA HOLDINGS (AUTHORIZED REPRESENTATIVE)
 DATE RECEIVED: _____ DUE DATE: _____

COPY FOR: SUPPLIER



CONTRACT/PURCHASE ORDER

No. **PO19-00017-NCSE**

To: METRO DRUG, INC. JVA WITH INTERPHARMA HOLDINGS & MANAGEMENT CORPORATION
 32 F Zuellig Bldg., Makati Ave.,
 cor Paseo De Roxas,

Date January 11, 2019
 Reference: PUBLIC BIDDING No. PB#18-365-3
 Date of PB: 11/27/2018

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
	<p>Within 30 calendar days for the completion of deliveries to all access sites after the release of the "PASSED" result of FDA testing.</p> <p>For Department of Health (DOH) Reference: MOA No. 2017-00017</p>				
01-15-0017					18,750,000.00
TOTAL AMOUNT					₱

PLACE OF DELIVERY: Please refer to the Allocation List	DELIVERY INSTRUCTIONS: Please refer to the above Delivery Instructions
FUNDS AVAILABILITY CERTIFIED BY: ALLAN RAUL M. CATALAN ACCOUNTANT	AUTHORIZED BY: BINGLE B. GUTIERREZ DIRECTOR
DATE	DATE

INTERPHARMA HOLDINGS & MANAGEMENT CORPORATION NAME OF SUPPLIER	METRO DRUG INC. JVA WITH INTERPHARMA HOLDINGS AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME)	DATE RECEIVED	DUE DATE
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COPY FOR: SUPPLIER