



CONTRACT/PURCHASE ORDER

No. **PO21-00413-CSE**

To: **AVILA MEDICAL AND HOSPITAL SUPPLIES** /
 1310 Rizal Avenue, /
 Sta Cruz, 032, /
 Barangay 321, Manila /

Date August 17, 2021
 Reference: PUBLIC
 BIDDING No. AMP 21-040-1 /
 Date of PB: 06/30/2021

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	PERSONAL PROTECTIVE EQUIPMENT (PPE) comprise of the following items: 1. Shoe Cover / Brand: MEDTECS 2. Head Cover / Brand: MEDTECS 3. Goggle / Brand: CHOB 4. Gloves / Brand: FITONE For complete and detailed specifications, please refer to the following attached documents: a. Technical Evaluation Report	212,709 /	set	270.0000	57,431,430.00 /

TOTAL AMOUNT P 57,431,430.00 /

PLACE OF DELIVERY:
Please see instructions above

DELIVERY INSTRUCTIONS:
Please see instructions above

FUNDS AVAILABILITY CERTIFIED BY:

AMY T. DELA CRUZ
 ACCOUNTANT

17 AUGUST 2021
DATE

AUTHORIZED BY:

ATTY. JASONMER L. UAYAN
 DIRECTOR

19 AUGUST 2021
DATE

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

AVILA MEDICAL AND HOSPITAL SUPPLIES

NAME OF SUPPLIER

Ma. Diana Paulina F. Planas
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

08/19/2021
DATE RECEIVED

_____ DUE DATE

COPY 1. AUG. 17. 2021 3:06

COPY FOR: SUPPLIER



CONTRACT/PURCHASE ORDER

No. **PO21-00413 -CSE**

To: **AVILA MEDICAL AND HOSPITAL SUPPLIES/**
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	<p>b.Contract Negotiation Matrix</p> <p>The following documents shall be deemed to form and be read and construed as part of this Purchase Order:</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)Bidding Documents, including the Supplemental Bid Bulletins issued / Request for Offer and;</p> <p>c)The Procuring Entity's Notice of Award;</p> <p>Progress payment shall be made after acceptance of each delivery.</p> <p>As a precondition for payment, submit authenticated Import</p>				

TOTAL AMOUNT ₱ **57,431,430.00**

PLACE OF DELIVERY:
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DELIVERY INSTRUCTIONS:
 Please see instructions above

FUNDS AVAILABILITY CERTIFIED BY:

AMY T. DELA CRUZ
 ACCOUNTANT
17 AUGUST 2021
 DATE

AUTHORIZED BY:

ATTY. JASON M. L. UYAN
 DIRECTOR
19-AUGUST-2021
 DATE

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

AVILA MEDICAL AND HOSPITAL SUPPLIES
 NAME OF SUPPLIER

Ma. Diana Paulina E. Pinar
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

08/19/2021
 DATE RECEIVED

 DUE DATE

COMPL. AUG.17.21.06

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	<p>documents per DOF Order No. 87-91, if applicable.</p> <p>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.</p> <p>Standard warranty provisions apply: i. The Supplier warrants that the Goods supplied under the Contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials, except when the technical specifications required by the Procuring Entity provides otherwise. ii. The supplier further warrants that all Goods supplied under this contract shall have no defect, arising from design, materials, or workmanship or from any act or omission of the Supplier that may develop under normal use of the supplied Goods in the conditions prevailing in the country or final destination. iii. In order to assure that manufacturing defects shall be corrected by the Supplier, a warranty shall be required from the</p>				

TOTAL AMOUNT **₱ 57,431,430.00**

PLACE OF DELIVERY:

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FUNDS AVAILABILITY CERTIFIED BY:

AMY T. DELA CRUZ
 ACCOUNTANT

17 AUGUST 2021
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AUTHORIZED BY:

ATTY. JASON M. L. UAYAN
 DIRECTOR

19-AUGUST-2021
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AVILA MEDICAL AND HOSPITAL SUPPLIES
 NAME OF SUPPLIER

Ma. Diana Paulina F. Planas
 AUTHORIZED REPRESENTATIVE
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	<p>Supplier for a minimum period of three (3) months. The obligation for the warranty shall be covered by, at the Suppliers option, either retention money or bank guarantee in an amount equivalent to at least one percent (1%) of every progress payment. If the latter is opted, the same shall be submitted five days upon receipt of Notice of Award. Failure to submit the stated warranty security shall automatically revert the warranty security to the option of retention money.</p> <p>iv. The Procuring Entity shall promptly notify the Supplier in writing of any claims arising under this warranty. Upon receipt of such notice, the Supplier shall, within the period specified and with all reasonable speed, replace the defective Goods, without cost to the Procuring Entity.</p> <p>Please submit Delivery Receipt and Copy of P.O to the Warehousing and Delivery Division after delivery of the item.</p> <p>DELIVERY INSTRUCTIONS:</p> <p>Delivery Site:</p>				

TOTAL AMOUNT ₱ **57,431,430.00**

PLACE OF DELIVERY:
 Please see instructions above

DELIVERY INSTRUCTIONS:
 Please see instructions above

FUNDS AVAILABILITY CERTIFIED BY:

[Signature]
AMY T. DELA CRUZ
 ACCOUNTANT

17 AUGUST 2021
 DATE

AUTHORIZED BY:

[Signature]
MATTY JASONMER L. UAYAN
 DIRECTOR

19-AUGUST-2021
 DATE

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

AVILA MEDICAL AND HOSPITAL SUPPLIES
 NAME OF SUPPLIER

[Signature]
Ma. Diana Paulina F. Planas
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

08/19/2021
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CONTRACT/PURCHASE ORDER

No. **PO21-00413 -CSE**

To: **AVILA MEDICAL AND HOSPITAL SUPPLIES /**
 1310 Rizal Avenue, /
 Sta Cruz, 032, /
 Barangay 321, Manila /

Date August 17, 2021
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 BIDDING No. AMP 21-040-1
 Date of PB: 06/30/2021

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Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	<p>DOH Warehouse in Metro Manila. If no available warehouse in the region, the supplier must have a dedicated warehouse in the following areas:</p> <ol style="list-style-type: none"> DOH Warehouse in Metro Manila Cebu City Davao City <p>Delivery Conditions: The supplier is responsible for the delivery of items including expenses that may incur, from the inspection site (Manila) to the supplier's warehouse in any of the delivery sites as follows:</p> <ol style="list-style-type: none"> DOH Warehouse in Metro Manila Cebu City Davao City <p>Supplier must have a dedicated warehouse in these delivery sites for two (2) months.</p> <p>In addition, supplier is responsible for the delivery of the items to the specific regional areas to be provided by the Department of Health.</p>				

TOTAL AMOUNT: ₱ **57,431,430.00**

PLACE OF DELIVERY:
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FUNDS AVAILABILITY CERTIFIED BY:

AMY T. DELA CRUZ
 ACCOUNTANT

17 AUGUST 2021
 DATE

AUTHORIZED BY:

ATTY. JASONMERY UYAYAN
 DIRECTOR

19 AUGUST 2021
 DATE

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

AVILA MEDICAL AND HOSPITAL SUPPLIES
 NAME OF SUPPLIER

Diana Paulina E. Flores
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

08/19/2021
 DATE RECEIVED

 DUE DATE

COMPT. AIC 1724 04/2021

COPY FOR: SUPPLIER



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No. **PO21-00413 -CSE**

To: **AVILA MEDICAL AND HOSPITAL SUPPLIES** ✓
 1310 Rizal Avenue, ✓
 Sta Cruz, 032, ✓
 Barangay 321, Manila ✓

Date August 17, 2021
 Reference: **PUBLIC**
BIDDING No. AMP 21-040-1 ✓
 Date of PB: 06/30/2021

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Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	<p>Inspection: The items shall be inspected at the delivery site by the designated inspectors.</p> <p>Delivery Schedule: a. 60 calendar days (CD) from receipt of NTP Qty: 65,121 sets ✓ Gloves: Small (6.5) ✓ 14,327 ✓ Medium (7) ✓ 21,490 ✓ Large (7.5) ✓ 21,490 ✓ Extra Large (8) ✓ 7,814 ✓ b. 75 calendar days (CD) from receipt of NTP Qty: 65,121 sets ✓ Gloves: Small (6.5) ✓ 14,327 ✓ Medium (7) ✓ 21,490 ✓ Large (7.5) ✓ 21,490 ✓ Extra Large (8) ✓ 7,814 ✓ c. 90 calendar days (CD) from receipt of NTP Qty: 82,467 sets ✓</p>				

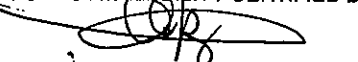
TOTAL AMOUNT **₱ 57,431,430.00**

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FUNDS AVAILABILITY CERTIFIED BY:

AUTHORIZED BY:


AMY T. DELA CRUZ
 ACCOUNTANT


17 AUGUST 2021
 DATE


ATTY. JASONMER L. UYAN
 DIRECTOR

19 - AUGUST - 2021
 DATE

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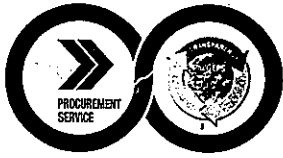
AVILA MEDICAL AND HOSPITAL SUPPLIES
 NAME OF SUPPLIER


Ms. Diana Paulina F. Planas
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

08/19/2021
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	Gloves: Small (6.5) - 18,143 Medium (7) - 27,214 Large (7.5) - 27,214 Extra Large (8) - 9,896 Department of Health APR No. NTD 21-001672				

TOTAL AMOUNT **₱ 57,431,430.00**

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 Please see instructions above

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AMY T. DELA CRUZ
 ACCOUNTANT
17 AUGUST 2021
 DATE

AUTHORIZED BY:

ATTY. JASONMER L. UYAN
 DIRECTOR
19-AUGUST-2021
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AVILA MEDICAL AND HOSPITAL SUPPLIES
 NAME OF SUPPLIER

Ma. Diana Paulina F. Planes
 AUTHORIZED REPRESENTATIVE
 (SIGNATURE OVER PRINTED NAME)

08/19/2021
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COPY FOR: SUPPLIER



NOTICE TO PROCEED

17 August 2021

PO No.: **PO21-00413-CSE** /
 NOA No.: **2021-PSNOA054-SBACPS**

MA. DIANA PAULINA F. PLANAS /
Authorized Representative
AVILA MEDICAL AND HOSPITAL SUPPLIES,
 1310 Rizal Avenue, Sta. Cruz /
 032 Barangay 321, Manila /

Dear **Mr. Planas**:

The attached Purchase Order having been approved, notice is hereby given to **AVILA MEDICAL AND HOSPITAL SUPPLIES** that performance on Supply, Delivery and Warehousing of Personal Protective Equipment to Philippine Regions for the Department of Health under **Alternative Mode of Procurement (AMP) No. 21-040-1**, shall commence effective on the date of receipt of this Notice.

Lot No.	ITEM DESCRIPTION	QUANTITY	UOM	UNIT PRICE	AMOUNT
1	Personal Protective Equipment, comprises of the following items: a. Shoe Cover b. Head Cover c. Goggle d. Gloves	212,709	sets	₱ 270.00	₱ 57,431,430.00

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,


ATTY. JASONMER L. UYAN
OIC-Executive Director V

Date of receipt of this notice: AUGUST 19, 2021

Name of Authorized Representative: MA. DIANA PAULINA F. PLANAS

Signature of Authorized Representative: 