Republic of the Philippines Department of Budget and Management PROCUREMENT SERVICE PHILIPPINE GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM



NOTICE TO PROCEED

23 July 2021

PO No.: **PO21-00337-CSE** \

NOA No.: 2021-PSNOA044-SBACPS

MARIA CARMEN Y. OCAMPO Authorized Representative
MANILA HEALTHTEK INC.

109 Gil Fernando Avenue,
Sta. Elena, Marikina City

Dear Ms. Ocampo: <

The attached Purchase Order having been approved, notice is hereby given to **MANILA HEALTHTEK INC.** that performance on Supply and Delivery of COVID-19 Testing Extraction Kit-GenAmplify Viral RNA Purification Kit for the Procurement Service (PS) for Lot No. 1 under **Alternative Mode of Procurement (AMP) No. 21-034-6**, shall commence effective on the date of receipt of this Notice.

Lot No.	ITEM DESCRIPTION	QUANTITY	UOM	UNIT PRICE	AMOUNT
1	COVID-19 Testing Extraction Kit- GenAmplify Viral RNA Purification Kit, 100 preps/kit (Catalogue No. GA-RNA 100)	1,440	kits .	₱ 19,000.00	₱ 27,360,000.0 ₀

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,

SIGNATURE REDACTED

ÄTTY. JASONMER L. UAYAN

OIC-Executive Direct

Date of receipt of this notice:

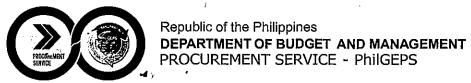
JULY 30, 202

Name of Authorized Representative:

MARIA CARMEN OCAMPD

Signature of Authorized Representative:

SIGNATURE REDACTED



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

				·····		
С	ONTRACT/PURCHASE ORDEI	₹		No.	021-00337-CSE	
To:	MANILA HEALTHTEK INC. 109 Gil Fernando Avenue, Sta. Elena Marikina City			July 23, Pate	-	
	Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation No dated 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	RNA Purification Kit, 100 preps/kit (Catalogue No. GA-RNA 100) For complete and detailed specifications, please refer to the attached Technical Evaluation Report and Contract Negotiation Matrix which form part of this Purchase Order Delivery shall conform with the minimum labeling requirements under R.A. 7394 The inspections and test that will be conducted shall be in accordance with Technical Specifications. In order to ensure that manufacturing defects shall be corrected by the Supplier, a warranty covered by either retention moneyor special bank guarantee equivalent to 1% of the total contraprice shall be required for a period of three (3) months after acceptance by the Procuring Entity of the delivered supplies.	on ed	kit	19,000.0000	27,360,000.00	
				TOTAL AMOUNT	77.360,000,00	
PLACE OF DELIVERY: Please see instructions above		DELIVERY Pleas		CTIONS: tructions above	21,300,000,00	
FUNDS AVAILABIL Y CERTIFIED BY: SIGNATURE REDACTED ACCOUNTANT DATE FUNDS AVAILABIL Y CERTIFIED BY: SIGNATURE REDACTED ACCOUNTANT DATE			ZED BY: NATURE R V. JASON DIREC	\ \ \	27-JUU-7021 DATE	

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

MANILA HEALTHTEK INC.
NAME OF SUPPLIER

MARIX CARMEN Y. OCAMPO
AUTHORIZED REPRESENTATIVE
(SIGNATURE OVER PRINTED NAME)

JULY 30, 2021 DATE RECEIVED

DUE DATE

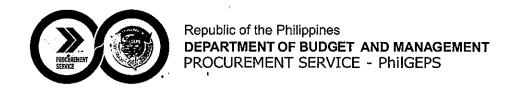


PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61 689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

PO21-00337-CSE

				NO.			
То:	MANILA HEALTHTEK INC. To: 109 Gil Fernando Avenue, Sta. Elena Marikina City		July 23, 2021 Date Reference: PUBLIC AMP 21-034-6 BIDDING NO 29/2021 Date of PB:				
No the b	Please deliver the article(s)/product(s)/supplies/mater datedack hereof:				with your Quotation tions enumerated at		
ltem No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT		
	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. Please submit DR/Invoice & Copy of PO to the Inspection Division after direct delivery of this item. Please submit Warranty Certificate, if applicable. As a precondition for payment submit authenticated import documents per DOF Order No. 87-91, if applicable The following documents shall be deemed to form and be rea and construed as part of this Purchase Order: 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; b) The Schedule of Requirements;	1					
			· · · · · · · · · · · · · · · · · · ·	TOTAL AMOUNT	77.360.000.00		
PLACE OF DELIVERY: Please see instructions above		DELIVERY INSTRUCTIONS: Pleasee see instructions above					
FUND	S AVAILABILITY CERTIFIED BY: SIGNATURE REDACTED AMY T. DETA CRUZ ACCOUNTANT DATE	_			27-JULY-W21 DATE		
	Purchase Order received and accepted subject to the To SIGNATURE REDACT MANILA HEALTHTEK INC. NAME OF SUPPLIER AUTHORIZED REPRESS (SIGNATURE OVER PRINT)	Y. OCAN	_ ′ ,	merated at the back her JULY 30, 202 DATE RECEIVED			



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

689-7750 loc. 4020

С	ONTRACT/PURCHASE ORDER	₹		No.	D21-00337 -CSE	
To:	MANILA HEALTHTEK INC. 109 Gil Fernando Avenue, Sta. Elena Marikina City			July 23, Date Reference: PUBI BIDDING Date of PB:	2021 LIC AMP 21-034-6 08/29 /2021	
Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation No dated subject to the Terms and Conditions enumerated at the back hereof:						
item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT	
	c) The Technical Specifications; and d) The Entity's Notice of Award Place of Delivery: Nonpareil International Flight Cargo Services Inc. One Sta. Ana Drive, Barangay Sunvalley, Parañaque City Delivery Instructions: 1440 kits shall be delivered within 30 calendar days upon the receipt of Notice to Proceed and approved Request for Schedule of Delivery (RSD) Form by DOH. Department of Health APR No. NTD 21-001665-A					
				TOTAL AMOUNT	P 27.360.000.00	
PLACE OF DELIVERY: Please see instructions above		DELIVERY INSTRUCTIONS: Pleasee see instructions above				
FUNI	S AVAILABILITY DERTIFIED BY: SIGNATURE REDACTED AMY T. DELA CRUZ ACCOUNTANT DATE			RE REDACTED	— <u>27-July-2021</u> _{DATE}	
	Purchase Order received and accepted SIGNATURE REDA	N X. OCAL		merated at the back her JULY 30,702 DATE RECEIVED	eof: DUE DATE	