

PURCHASE ORDER

Supplier :	LEVINS INTERNATIONAL CORPORATION	P.O. No. :	21-07-636		
Address :	159 Congressional, Brgy. Bahay Toro, Quezon City	Date :	July 27, 2021		
TIN :	Mode of Procurement : Small Value Procurement				
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>BGHMC PROPERTY AND SUPPLY SECTION</u>		Delivery Term : <u>15 calendar days</u>			
Date of Delivery : _____		Payment Term : _____			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
Histopathology					
15	box	Single Cytofunnel with White Filter Cards 50's unit box (compatible to cytospin)	1	14,800.00	14,800.00
16	box	Double Cytofunnel with White Filter Cards 25's unit box (compatible to cytospin)	1	14,800.00	14,800.00
17	box	White Filter Cards, 100's per unit box (compatible to cytospin)	1	6,900.00	6,900.00
<p>Note: 2. All reagents must have a minimum of 3 months from delivery to expiry date. The supplier must provide a guarantee letter that they will pull out and replace items one month before expiry otherwise the item delivered must have a one year shelf life. The guarantee letter must state that they will pull and replace items two weeks upon the procuring entity's notification.</p> <p>4. For no.'s 15, 16, 17, all supplies must be compatible with Thermo Scientific-Cytospin 4.</p>					
(Total Amount in Words) THIRTY SIX THOUSAND FIVE HUNDRED PESOS ONLY					36,500.00
Remarks: For Laboratory use					
Reference: Product Evaluation Report for PR No. 21-06-234					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.					
Prepared by: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><i>[Signature]</i> ROSELLE M. CARLOS Administrative Assistant III</p> </div> <div style="width: 30%;"> <p>Checked by: <i>[Signature]</i> YOLANDA A. SORIANO-LANSANGAN Procurement Head</p> </div> <div style="width: 30%;"> <p>Reviewed by: <i>[Signature]</i> MARJORIE ANNE D. MENA OIC - Chief Administrative Officer</p> </div> <div style="width: 30%;"> <p>Approved by: <i>[Signature]</i> GLORY V. BALTAZAR, M.D., MPH, MHA, CEsE Head of Procuring Entity (HOPE)</p> </div> </div>					
<p>Conform: ENRILE, KENNETH M. Prof. Sales Representative ✉ kenenrile.levins@gmail.com Signature over Printed Name of Supplier 2 August 9, 2021 Date</p>					
Fund Cluster : <u>OLIKETUAR REPLY FUND</u>			ORS/BURS No. : <u>M006-07-101101-2021-08-891</u>		
Funds Available : <u>MOOE</u>			Date of the ORS/BURS: <u>08/03/2021</u>		
<i>[Signature]</i> MARIA TERESA CORNEL Supervising Administrative Officer			<i>[Signature]</i> 08/03/21 MARJORIE BALBOA Accountant III		
			Amount : 36,500.00		



PURCHASE ORDER

Supplier :	LEVINS INTERNATIONAL CORPORATION	P.O. No. :	21-07-630
Address :	159 Congressional, Brgy. Bahay Toro, Quezon City	Date :	July 27, 2021
TIN :	Mode of Procurement : Small Value Procurement		

Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:
Place of Delivery : BGHMC PROPERTY AND SUPPLY SECTION
Date of Delivery : _____
Delivery Term : 15 calendar days
Payment Term : _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
Histopathology					
15	box	Single Cytofunnel with White Filter Cards 50's unit box (compatible to cytospin)	1	14,800.00	14,800.00
16	box	Double Cytofunnel with White Filter Cards 25's unit box (compatible to cytospin)	1	14,800.00	14,800.00
17	box	White Filter Cards, 100's per unit box (compatible to cytospin)	1	6,900.00	6,900.00

Note: 2. All reagents must have a minimum of 3 months from delivery to expiry date. The supplier must provide a guarantee letter that they will pull out and replace items one month before expiry otherwise the item delivered must have a one year shelf life. The guarantee letter must state that they will pull and replace items two weeks upon the procuring entity's notification.

4. For no.'s 15,16,17, all supplies must be compatible with Thermo Scientific-Cytospin 4.

(Total Amount in Words) **THIRTY SIX THOUSAND FIVE HUNDRED PESOS ONLY** **36,500.00**

Remarks: For Laboratory use

Reference: Product Evaluation Report for PR No. 21-06-234

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Prepared by:

ROSELE M. CARLOS
Administrative Assistant III

Checked by:

YOLANDA A. SORIANO-LANSANGAN
Procurement Head

Reviewed by:

MARJORIE ANNE D. MENA
OIC - Chief Administrative Officer

Approved by:

GLORY V. BALTAZAR, M.D., MPH, MHA, CEsE
Head of Procuring Entity (HOPE)

Conforme:

Signature over Printed Name of Supplier

Date

Fund Cluster : <u>01/REGULAR AGENCY FUND</u>	ORS/BURS No. : <u>M00E-02-10101-2021-08-891</u>
Funds Available : <u>M00E</u>	Date of the ORS/BURS: <u>08/03/2021</u>
 MARIA TERESA CORNEL Supervising Administrative Officer	 MARJORIE BALBOA Accountant III
Amount : 36,500.00	