Republic of the Philippines
PROCUREMENT DEPARTMENT
Quezon City Government

QUEZON CITY
Great.Green.Growing.

PO Number **2012212**

Purchase Order

Date: DEC 18 2020

Procuring Unit	: **OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL HOSPITAL)**	PR Number	:**GF-20-11-02105**	
Company Name	: **STA. ANA ENTERPRISES**	Mode of Procurement	:**Negotiated**	**53.2**
Address	: **#10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000**	Resolution No.	:**20-A-624**	
		TIN Number	:**137-763-406-002**	
Business Type	: **Sole Proprietorship Registration #05889011**	Contact Number	:**045-4550334**	

Sir/Madam:
Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : Office Of The City Mayor (Quezon City General Hospital) **Delivery Schedule :** Fifteen (15) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
150	Isopropyl alcohol 70%, disinfectant, 4L/ gallon	GALLON	100	546.00	54,600.00
151	Liquid Handwashing soap, antibacterial, at least 750ml, any scent	BOTTLE	50	200.00	10,000.00
	****** Nothing Follows ******				

Total Amount : **23,089,000.00**

Total Amount In Words (Pesos): Twenty Three Million Eighty Nine Thousand Pesos Only

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLAMORAN 12-18-2020
Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
City Accountant

OBR : 100-2020-11-08499
PR Amount : 23,089,005.32

Republic of the Philippines
PROCUREMENT DEPARTMENT
Quezon City Government

QUEZON CITY
Great.Green.Growing.

PO Number **2012212**

Purchase Order

Date: DEC 18 2020

Procuring Unit	: OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL HOSPITAL)	PR Number	:GF-20-11-02105	
Company Name	: STA. ANA ENTERPRISES	Mode of Procurement	:Negotiated	53.2
Address	: #10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000	Resolution No.	:20-A-624	
		TIN Number	:137-763-406-002	
Business Type	: Sole Proprietorship Registration #05889011	Contact Number	:045-4550334	

Sir/Madam:

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Place of Delivery : Office Of The City Mayor (Quezon City General Hospital) **Delivery Schedule :** Fifteen (15) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
1	REAGENTS AND CONSUMABLES FOR FULLY AUTOMATED ≥ 5 PART HEMATOLOGY ANALYZER Fluorescent dye (stain for wbc nucleic acid) ≥ 42ml, 1400 tests/box	BOX	45	15,000.00	675,000.00
2	Differential Hemolysin 1liter, 900 tests	BOT	60	21,000.00	1,260,000.00
3	Hemoglobin hemolysin 500ml, 1,250 test	BOT	45	12,000.00	540,000.00
4	Diluent 20liter, 700 tests	TANK	60	6,500.00	390,000.00
5	Control (low, normal, high) set 3 tubes of 4.5ml	KIT	6	35,000.00	210,000.00
6	System cleaner, 1liter	BOT	24	10,000.00	240,000.00
	Terms of Reference: 1. Machine measurement principle must be Fluorescent and Flow Cytometry or higher principle and backup machine using the same reagents 2. EQAS performance grade must not be lower than very satisfactory for all test parameters per cycle 3. Preferably capable of counting cells in other human body fluids (CSF, peritoneal fluid, ascetic fluid, & others) 4. Item #1: in lieu of this item, a machine or higher technology capable of performing the desired function of this item may be 5. Must have installation in other tertiary hospital within Metro Manila Provisions of the following: a. Preventive maintenance and calibration as needed by the machine, with certificate and sticker b. Printer with provision of ink to produce test printouts c. 24/7 technical support system in case of machine breakdown				

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLANOMAN / DEC. 18, 2020
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Funds Available:

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City Accountant

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Address	: **#10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000**	Resolution No.	:**20-A-624**	
		TIN Number	:**137-763-406-002**	
Business Type	: **Sole Proprietorship Registration #05889011**			
		Contact Number	:**045-4550334**	

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Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	d. Certificate of availability of stocks and ability to deliver e. LIS connectivity license that is compatible with the existing HIS and functional for at least 1 year f. Must provide training/ actual demo for at least 1 week not less than 3 medical technologists				
7	REAGENTS & CONSUMABLES FOR HOSPITAL OWNED FULLY AUTOMATED COAGULATION ANALYZER (COALAB 1000) APTT (Activated Partial Thromboplastic Time) Reagent 10 bottles of 2ml	BOX	10	4,000.00	40,000.00
8	Calcium Chloride (CaCl), 10 bottles of 4ml	BOX	10	2,700.00	27,000.00
9	Control plasma 1 (Normal), 10 bottles of 1ml	BOX	5	16,900.00	84,500.00
10	Control plasma 2 (Pathologic), 10 bottles of 1ml	BOX	5	22,035.00	110,175.00
11	Cuvette Ring, 10 rings, 320 tests	BOX	12	30,000.00	360,000.00
12	PT (Prothrombin Time) Reagent 10 bottles of 2ml	BOX	10	5,800.00	58,000.00
13	Standard Plasma 10 bottles of 1ml	BOX	2	14,945.00	29,890.00
14	REAGENTS & CONSUMABLES FOR HOSPITAL OWNED NA/K/CA/PH ANALYZER (EASYLITE CALCIUM) Na/ K/ Ca/ Ph solution pack 800ml	PACK	18	28,000.00	504,000.00
15	Calcium daily rinse/cleaner solution kit 1 bot of 90ml diluent, 6 bottles of 12ml rinse	BOX	6	10,000.00	60,000.00
16	Bi-level quality control kit for electrolyte 2 vials of 10ml	BOX	4	14,000.00	56,000.00
	Terms of Reference: 1. Must provide backup NaKCaph machine with electrodes as needed				

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Business Type	: **Sole Proprietorship Registration #05889011**	Contact Number	:**045-4550334**	

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Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
17	REAGENTS FOR NA,K,CL ANALYZER	PACK	6	35,000.00	210,000.00
	NaKCl solution pack 800ml				
18	NaKCl daily rinse/ cleaner solution kit 1 bot of 90ml diluent, 6 bottles of 12ml rinse	BOX	6	14,000.00	84,000.00
	Terms of Reference: 1. Must provide machine, preventive maintenance and calibration as needed, certificate of calibration with sticker 2. 24/7 technical support in case of machine breakdown 3. Must provide electrodes as needed by the machine for				
19	REAGENTS & CONSUMABLES FOR FULLY AUTOMATED BLOOD CHEMISTRY ANALYZER	BOX	6	14,000.00	84,000.00
	Abnormal High control 4 bottles of 5ml				
20	Activator 9 bottles of 13ml	BOX	4	9,580.00	38,320.00
21	Albumin reagent 300 tests	CASSETTE	4	29,000.00	116,000.00
22	Alkaline Phosphatase reagent 400 tests	CASSETTE	4	28,000.00	112,000.00
23	Amylase reagent 300 tests	CASSETTE	2	26,000.00	52,000.00
24	Bilirubin- Direct reagent 350 tests	CASSETTE	2	45,000.00	90,000.00
25	Bilirubin - Total reagent 250 tests	CASSETTE	4	33,000.00	132,000.00
26	Calibrator 12 bottles of 3ml	BOX	4	13,000.00	52,000.00
27	Cholesterol reagent 400 tests	CASSETTE	4	45,000.00	180,000.00
28	Cleaner cassette 150ml	CASSETTE	6	5,000.00	30,000.00
29	C-Reactive Protein Latex 300 tests	CASSETTE	4	36,000.00	144,000.00
30	Creatine Kinase reagent 200 tests	CASSETTE	1	26,780.00	26,780.00
31	Creatinine reagent 700 tests	CASSETTE	18	43,000.00	774,000.00

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLAMORAN / 12-18-2020
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RUBY G. MANANGU
City Accountant

OBR :

PR Amount : 23,089,005.32

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Business Type	: **Sole Proprietorship Registration #05889011**			
		Contact Number	:**045-4550334**	

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
32	CRP calibrator 5 x 1ml	BOX	1	11,000.00	11,000.00
33	D-Dimer 100 tests	CASSETTE	4	40,700.00	162,800.00
34	D-Dimer calibrator Gen 2, 6 x 0.5ml	BOX	1	8,000.00	8,000.00
35	D-Dimer control gen 2 1/II	BOX	2	7,000.00	14,000.00
36	Deproteinizer 6 bottles of 21ml	BOX	6	2,250.00	13,500.00
37	Glucose reagent 800 tests	CASSETTE	6	40,000.00	240,000.00
38	GOT (ASAT) reagent 500 tests	CASSETTE	18	80,000.00	1,440,000.00
39	GPT (ALAT) reagent 500 tests	CASSETTE	18	80,000.00	1,440,000.00
40	HBA1c calibrator 3 bottles of 2ml	BOX	1	30,000.00	30,000.00
41	HBA1c hemolyzer 8 bottles of 6.3ml	BOX	2	34,000.00	68,000.00
42	HBA1c normal control 4 bottles of 1ml	BOX	1	42,000.00	42,000.00
43	HBA1c pathologic control 4 bottles of 1ml	BOX	1	42,000.00	42,000.00
44	HBA1c reagent quantitative 150 tests	CASSETTE	4	43,500.00	174,000.00
45	HDL calibrator 3 bottles of 1ml	BOX	1	3,300.00	3,300.00
46	HDL cholesterol reagent 350 tests	CASSETTE	5	58,000.00	290,000.00
47	LDH reagent 300 tests	CASSETTE	6	29,000.00	174,000.00
48	Lipase reagent 200 test	CASSETTE	1	36,000.00	36,000.00
49	Magnesium reagent 7OO test	CASSETTE	6	32,300.00	193,800.00
50	Microcuvettes 1000pcs	PACK	60	3,000.00	180,000.00
51	Normal control 4 bottles of 5ml	BOX	6	14,000.00	84,000.00
52	Phosphorous 250 tests	CASSETTE	4	33,300.00	133,200.00
53	Sample cups, color blue 500ul, 1000pcs	PACK	2	5,500.00	11,000.00
54	System Cleaner 1 liter	BOTTLE	12	6,500.00	78,000.00
55	Total Protein reagent 300 tests	CASSETTE	4	25,000.00	100,000.00
56	Triglycerides reagent 250 tests	CASSETTE	7	39,000.00	273,000.00
57	Urea reagent 500 tests	CASSETTE	17	25,000.00	425,000.00

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLAMORAN 12-18-2020
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RUBY G. MANANGU
City Accountant

OBR :

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	Uric acid (BUA) reagent 400 tests Terms of Reference: 1. Must provide 1 fully automated clinical chemistry analyzer with wet technology, barcoded reagents and samples, 1 back up machine using the same reagents 2. Continuous and random access with throughput of at least 400 tests/hour 3. EQAS performance must be acceptable , if not excellent 4. Machine must be cost efficient capable of running all routine and special blood chemistry examinations and HbA1c 5. Capable of running serum, plasma, whole blood, hemolysate, CSF, and urine 6. Ready to use reagents, no preparation required to prevent error, contamination, spillage 7. Has a highly sensitive pressure sensors that can detect incorrect pipetting even at 2ul and immediate flagging of faulty, clotted samples to prevent reagent wastage 8. Capable of doing levy-jennings for each test parameters for quality control purposes 9. Must have similar installations in other tertiary level hospitals within metro manila				
58	Provision of the following: a. Preventive maintenance and calibration as needed by the machine, with certificate and sticker b. High end printer with provisions of ink to produce test printouts, bar code scanner and printer with supplie of sticker	CASSETTE	3	25,000.00	75,000.00

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLANUEVA DIEDO
Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
City Accountant

OBR :

PR Amount : 23,089,005.32

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	c. 24/7 technical support in case of machine breakdown d. Certificate of availability of stocks and ability to deliver e. LIS connectivity license that is compatible with the existing HIS and functional for at least 1 year f. Must provide training/ actual demo for at least 1 week not less than 3 medical technologists				
59	REAGENTS AND CONSUMABLES FOR HOSPITAL OWNED FULLY AUTOMATED IMMUNOSEROLOGY MACHINE	KIT	60	22,000.00	1,320,000.00
	COVID TESTING PARAMETERS				
	Anti SARS-COV2 200 tests				
60	Control for SARS-COV assay 4 x 1ml	KIT	4	5,000.00	20,000.00
61	Interleukin 6, 100 tests	KIT	2	80,000.00	160,000.00
62	Interleukin 6 calset 4 x 2ml	KIT	1	10,000.00	10,000.00
63	Control for interleukin assay 3 x 2ml	KIT	1	10,000.00	10,000.00
64	Procalcitonin (PCT), 100 tests	KIT	6	80,000.00	480,000.00
65	Procalcitonin calset vials 2 x 56 bottles	KIT	2	6,000.00	12,000.00
66	Precocontrol universal 2 x 3ml	KIT	2	6,000.00	12,000.00
67	Troponin I, 100 tests	KIT	6	45,000.00	270,000.00
68	Troponin I calset 4 x 1ml	KIT	1	29,000.00	29,000.00
69	Control for troponin I 4 x 2ml	KIT	2	5,000.00	10,000.00
70	T3, 200 tests	KIT	2	20,000.00	40,000.00
71	T4 200 tests	KIT	2	20,000.00	40,000.00
72	T3 calset, 4 x 1ml	KIT	1	5,000.00	5,000.00
73	T4 calset, 4 x 1ml	KIT	1	5,000.00	5,000.00
74	FT3, 200 tests	KIT	2	24,000.00	48,000.00

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLANOMAN DISTRADO
Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
City Accountant

OBR :

PR Amount : 23,089,005.32

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
75	FT3, calset, 4 x 1ml	KIT	1	6,000.00	6,000.00
76	TSH control, 4 x 2ml	KIT	1	3,000.00	3,000.00
77	TSH calset, 4 x 1.3ml	KIT	3	20,000.00	60,000.00
78	TSH, calset 4 x 1.3ml	KIT	1	6,000.00	6,000.00
79	FT4, 200 tests	KIT	2	20,000.00	40,000.00
80	FT4, calset. 4 x 1ml	KIT	1	6,000.00	6,000.00
81	Assay Cup 7010, 60x60 cups	BOX	2	35,000.00	70,000.00
82	Assay Pro Cell 6x380ml	KIT	20	2,000.00	40,000.00
83	Clean Cell, 6x380ml	KIT	20	2,000.00	40,000.00
84	Assay Tip 2010, 30x120	KIT	9	4,500.00	40,500.00
85	Standard Cups, 1000pc	PACK	15	6,000.00	90,000.00
86	System wash, I x 500ml	BOTTLE	6	2,500.00	15,000.00
87	System cleaner, 6 bottles/100ml	BOX	2	4,000.00	8,000.00
88	Universal diluent, 1 x 40ml	BOTTLE	5	8,000.00	40,000.00
89	REAGENTS & CONSUMABLES FOR ARTERIAL BLOOD GAS DETERMINATION (ABG), PCO2. PO2, PH	PACK	4	25,000.00	100,000.00
	Calibration Pack 1≥12 X 130ml				
90	Calibration Pack 2≥12 X 130ml	PACK	4	25,000.00	100,000.00
91	Rinse solution > 6x330ml	PACK	8	14,000.00	112,000.00
92	Metabolites control ≥ 10 x 3 x 2 ml	BOX	4	27,000.00	108,000.00
93	Printer/thermal paper compatible for the machine	ROLL	10	1,500.00	15,000.00
94	Heparinized syringe, 3cc with safety features, 100/box	BOX	50	6,500.00	325,000.00
95	Blood collecting tube 5 - 6 ml gold/yellow w/ gel separator 100pcs	PACK	5	1,500.00	7,500.00
	Terms of Reference:				

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLAGRAN 12/18/2020
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RUBY G. MANANGU
City Accountant

OBR :

PR Amount : 23,089,005.32

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	1. Must provide user friendly automated Arterial Blood Gas analyzer, with calculated parameters 2. Sampling method: aspiration system adapted for both capillary and syringes, cleaned with rinse solution automatically 3. Sample volume: 50-200ul 4. Dimension: not bigger than 350 x 450 x 410mm (WxDxH) Provisions of the following: a. Preventive Maintenance and calibration as needed, with certificate and sticker b. Must provide thermal paper or result print outs c. Must provide on-site training for at least 5 MedTechs d. 24/7 technical support system in case of machine breakdown, provision of service machine in case machine is not repaired				
96	REAGENTS FOR SEMI-AUTOMATED GEL CROSSMATCHING, ABD TYPING MACHINE	BOX	2	35,000.00	70,000.00
	Coombs Gel Cards for cross matching AHG phase 400 tests				
97	Neutral Gel cards for cross matching LISS phase 400 tests	BOX	2	35,000.00	70,000.00
98	Diluent for Gel cards for crossmatching 2 bottles of 100ml	BOX	4	14,000.00	56,000.00
	Terms of Reference: 1. Must provide semi-automated modular machines composed a. Gel Card Centrifuge - must have an rpm of 1030 ± 5, with at least 12 slots b. Gel Card Incubator – temperature must be fixed at 37°C, with 12 slots, incubation time must be programmable for 1-60 minutes				

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLANUEVA
Signature Over Printed Name of Supplier / Date

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City Accountant

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	2. Model of machine must be within 5 years with installation in tertiary hospitals within Metro Manila 3. No reagent preparation required, to prevent, contamination and spillage Provisions of the following: a. Preventive maintenance and calibration as needed by the machine, with certificate and sticker b. 24/7 technical support system in case of machine breakdown c. Certificate of availability of stocks and ability to deliver d. Must provide training/ actual demo for at least 1 week for not less than 3 medical technologists				
99	REAGENTS AND CONSUMABLES FOR FULLY AUTOMATED IMMUNOSEROLOGY MACHINE	KIT	2	34,280.50	68,561.00
	Hepatitis B Antigen reagent, 100 tests/kit				
100	Hepatitis C Antibody reagent, 100 tests/kit	KIT	2	38,400.00	76,800.00
101	HIV Ag/Ab reagent, 100 tests/ kit	KIT	2	34,440.00	68,880.00
102	Syphilis TP reagent, 100 tests/kit	KIT	2	17,160.00	34,320.00
103	Hepatitis B Antigen calibrator, 2 bottle x 4ml/ kit	BOX	1	27,120.00	27,120.00
104	Hepatitis C Antibody calibrator, 1 bottle x 4ml	BOX	1	19,920.00	19,920.00
105	HIV Ag/Ab calibrator, 1 bottle x 4ml	BOX	1	19,920.00	19,920.00
106	Syphilis TP calibrator, 1 bottle x 4ml	BOX	1	19,920.00	19,920.00
107	Hepatitis B Antigen negative and positive control, 2 bottles x 8ml	BOX	2	21,000.00	42,000.00
108	Hepatitis C Antibody negative and positive control, 2 bottles x 8ml	BOX	2	21,000.00	42,000.00
109	HIV Ag/Ab negative, positive 1, 2, and 3 control, 4 bottles x 8ml	BOX	2	21,000.00	42,000.00
110	Syphilis TP negative and positive control, 2 bottles x 8ml	BOX	2	21,000.00	42,000.00
111	Wash solution 1, 4 bottles x 1L	BOX	2	18,960.00	37,920.00

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLAMOR 12/18/20
Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
City Accountant

OBR :

PR Amount : 23,089,005.32

Republic of the Philippines
PROCUREMENT DEPARTMENT
Quezon City Government

QUEZON CITY
Great.Green.Growing.

PO Number **2012212**

Purchase Order

Date: DEC 18 2020

Procuring Unit	: **OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL HOSPITAL)**	PR Number	:**GF-20-11-02105**	
Company Name	: **STA. ANA ENTERPRISES**	Mode of Procurement	:**Negotiated**	**53.2**
Address	: **#10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000**	Resolution No.	:**20-A-624**	
		TIN Number	:**137-763-406-002**	
Business Type	: **Sole Proprietorship Registration #05889011**	Contact Number	:**045-4550334**	

Sir/Madam:

Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : Office Of The City Mayor (Quezon City General Hospital) **Delivery Schedule :** Fifteen (15) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
112	Wash solution 2, 4 bottles x 25ml	BOX	2	12,360.00	24,720.00
113	Wash solution 3, 4 bottles x 1L	BOX	2	18,960.00	37,920.00
114	Wash solution 4, 4 bottles x 1L	BOX	2	12,840.00	25,680.00
115	Reagent cuvettes, 4000/box	BOX	1	22,440.00	22,440.00
116	Reagent caps 200/box	BOX	1	9,960.00	9,960.00
117	Sample cups 1000/box	BOX	1	10,000.00	10,000.00
	Terms of Reference: 1. Must provide 1 fully automated immunoserology analyzer that employs Chemiluminescent Immunoassay or higher principle technology, barcoded reagents and samples, with throughput of not less than 100tests/ hour 2. With a result of 99.0% or higher for sensitivity and specificity as tested and evaluated by DOH-SACCL 3. Suitable for use with any liquid, anticoagulant present in the blood bag (ACD, CPD, CPDA-1) 4. Intended use: in vitro testing validated with blood donor population. Third part validation at least by the international quality assurance validation, DOH-SACCL or RITM NRL or its equivalent 5. With on-board inventory management and alert features for incorrect position of reagents and supplies as well as samples 6. With random access, batch, and STAT testing capabilities 7. Can be interfaces with Blood Bank Information System (BBIS), NBBNETS and should be provided with middleware 8. LIS ready and must be compatible with the existing HIS 9. No reagent preparation required, to prevent contamination and spillage				

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLA NOMAN 12-18-2020
Signature Over Printed Name of Supplier / Date

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RUBY G. MANANGU
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		TIN Number	:**137-763-406-002**	
Business Type	: **Sole Proprietorship Registration #05889011**	Contact Number	:**045-4550334**	

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Place of Delivery : Office Of The City Mayor (Quezon City General Hospital) **Delivery Schedule :** Fifteen (15) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	10. Model of machine must be at least 5 years with installation in tertiary hospitals within Metro Manila 11. Capable of doing Levy-Jennings for each test parameters for quality control purposes 12. EQAS performance must not be lower than very satisfactory				
118	REAGENTS & CONSUMABLES FOR AUTOMATED BACTERIAL ID & SUSCEPTABILITY TESTING 0.45% saline solution 500ml	BOTTLE	40	1,700.00	68,000.00
119	Automated identification card for Gram (-) Bacilli 20 cards of 64 wells/ card	BOX	20	21,700.00	434,000.00
120	Automated susceptibility card for Gram (-) Bacilli 20 cards of 64 wells/ card	BOX	20	15,760.00	315,200.00
121	Automated susceptibility card for Gram (+) cocci 20 cards of 64 wells/ card	BOX	15	15,760.00	236,400.00
122	Automated identification card for Gram (+) cocci 20 cards of 64 wells/ card	BOX	20	15,760.00	315,200.00
123	Suspension tubes 1000pcs/ pack, fit for densometer (plastic)	BOX	2	15,100.00	30,200.00
	Terms of Reference: 1. Must provide 1 fully automated bacterial identification and susceptibility machine 2. Machine must be equipped with software that checks, validates and correct results automatically 3. Database must be based on global CLSI, EUCAST and FDA guidelines 4. Preferab;y machine principle is colorimetry + nephelometry (KINETIC)				

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLANUEVA 12-18-2020
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PO Number **2012212**

Purchase Order Date: DEC 18 2020

Procuring Unit	: **OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL HOSPITAL)**	PR Number	:**GF-20-11-02105**	
Company Name	: **STA. ANA ENTERPRISES**	Mode of Procurement	:**Negotiated**	**53.2**
Address	: **#10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000**	Resolution No.	:**20-A-624**	
Business Type	: **Sole Proprietorship Registration #05889011**	TIN Number	:**137-763-406-002**	
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Sir/Madam:
Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : Office Of The City Mayor (Quezon City General Hospital) **Delivery Schedule :** Fifteen (15) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	5. LIS ready compatible within existing HIS 6. Gold standard for routine identification & susceptibility of organisms Provision of the following: a. Preventive maintenance and calibration as needed by the machine, with certificate and sticker b. High end printer with provisions of ink to produce test printouts c. 24/7 technical support in case of machine breakdown d. Certificate of availability of stocks and ability to deliver e. LIS connectivity license that is compatible with the existing HIS and functional for at least 1 year f. Must provide training/ actual demo for at least 1 week not less than 3 medical technologists g. Packed with densometer for standard McFarland suspension				
124	Blood culture bottle with ARD aerobic, 100 plastic bottles of 30ml	BOX	10	38,600.00	386,000.00
125	Blood culture bottle pediatric, 100 plastic bottles of 30ml	BOX	6	48,000.00	288,000.00
	Terms of Reference: 1. Must provide 1 fully automated blood culture system machine which utilizes colorimetric principle 2. Can detect gram negative, positive, yeast & fungi 3. Can be used also as sterility testing for blood units for transfusion 4. At Least 0.5 ml blood volume for pedia patients 5. LIS ready compatible with existing HIS 6. Machine must have audio and visual alarm Provision of the following:				

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLANUEVA 12/18/2020
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RUBY G. MANANGU
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PR Amount : 23,089,005.32

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PO Number **2012212**

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Date: DEC 18 2020

Procuring Unit	: **OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL HOSPITAL)**	PR Number	:**GF-20-11-02105**	
Company Name	: **STA. ANA ENTERPRISES**	Mode of Procurement	:**Negotiated**	**53.2**
Address	: **#10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000**	Resolution No.	:**20-A-624**	
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Place of Delivery : Office Of The City Mayor (Quezon City General Hospital) **Delivery Schedule :** Fifteen (15) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	a. Preventive maintenance and calibration as needed by the machine, with certificate and sticker b. High end printer with provisions of ink to produce test printouts c. 24/7 technical support in case of machine breakdown d. Certificate of availability of stocks and ability to deliver e. Must provide training/ actual demo for at least 1 week not less than 3 medical technologists				
126	REAGENTS AND SUPPLIES FOR SEMI AUTOMATED URINE STRIPS READER AND GLUCOSE METER ≥ Parameters urine strip, 100 strips/ bottle	BOTTLE	50	1,000.00	50,000.00
127	Urinalysis control strip, positive & negative, 100 strips	BOTTLE	1	12,000.00	12,000.00
128	Standard/ calibrator strip, 100 strips	BOTTLE	1	12,000.00	12,000.00
129	Glucose strips, 25 tests/ bottle, 2 bottles/ box with free 50 compatible glucometer, 50 auto lancet and 50 spare batteries Terms of reference: 1. Must provide semi-automated urine strip reader with 1 back-up machine using the same reagent 2. Model of machine must be at least 5 year with installation in tertiary hospitals within Metro Manila 3. 24/7 technical support system in case of machine breakdown 4. Must provide needed preventive maintenance and calibration with certificate and sticker, 24/7 technical support	BOX	300	2,800.00	840,000.00
130	Blood bag compatible with hospital owned apheresis machine S5L Platelet set, single needle platelet collection, 5 kit/ box	BOX	20	60,000.00	1,200,000.00
131	Absorbent cotton 400gm, highly absorbable	PIECE	50	234.00	11,700.00

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLAMAYOR 12-18-2020
Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
City Accountant

OBR :

PR Amount : 23,089,005.32

Republic of the Philippines
PROCUREMENT DEPARTMENT
Quezon City Government

QUEZON CITY
Great.Green.Growing.

PO Number **2012212**

Purchase Order

Date: DEC 18 2020

Procuring Unit	: OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL HOSPITAL)	PR Number	:GF-20-11-02105	
Company Name	: STA. ANA ENTERPRISES	Mode of Procurement	:Negotiated	53.2
Address	: #10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000	Resolution No.	:20-A-624	
Business Type	: Sole Proprietorship Registration #05889011	TIN Number	:137-763-406-002	
		Contact Number	:045-4550334	

Sir/Madam:

Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : Office Of The City Mayor (Quezon City General Hospital) **Delivery Schedule :** Fifteen (15) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
132	Sharp container disposable made of plastic with double LID (hermatic seal) RED 5L	PIECE	30	540.00	16,200.00
133	Bouffant sterile surgical cap	PIECE	300	3.60	1,080.00
134	Disposable shoe cover (booties)	PAIR	100	8.74	874.00
135	Face mask surgical disposable with earloop 3ply hypoallergenic nose bar adaptable high filtration capacity	PIECE	1,200	12.00	14,400.00
136	Hygienic hand-wiping multi fold towel white 24cm x 23cm paper towel 250 sheets per pack, 16 packs per box	PACK	80	375.00	30,000.00
137	Examination gloves small latex powder free (non-sterile), single use only	PIECE	2,000	5.00	10,000.00
138	Examination gloves medium latex powder free (non-sterile) single use only	PIECE	5,000	5.00	25,000.00
139	Plastic bag, zip lock, 17.7 x 18.8cm (at least 54pcs/ box)	BOX	600	480.00	288,000.00
140	Thermal freeze 4 x 4/ sheet	SHEET	1,100	300.00	330,000.00
141	Plastic container with cover, round diameter 120 x 106.5mm	PIECE	1,000	10.00	10,000.00
142	Cooler, round Styrofoam without handle, with cover, D 267mm x H 292mm	PIECE	1,000	40.00	40,000.00
143	Disposable cover all, PPE with 1 piece all medical grade suit in soft, light, non-toxic durable, eco friendly, economical	SET	200	1,719.00	343,800.00
144	Disposable laboratory/ isolation gown, (L) non-sterile, open back breathable, fluid resistant, with 1 pair shoe cover, 1 piece	SET	500	230.00	115,000.00
145	Particulate respirator, medical grade, NIOSH #1860	PIECE	300	312.00	93,600.00
146	Disposable syringe 10cc with needle, sterile, non-toxic, non-pyrogenic G 21 x 1 ½ inches	PIECE	30,000	11.14	334,200.00
147	Disposable syringe 5cc with needle, sterile, non-toxic, non-pyrogenic g 23 x 1 inches	PIECE	10,000	7.02	70,200.00
148	Disinfectant bleach sodium hydrochlorite	GALLON	60	250.00	15,000.00
149	Liquid dishwashing soap 1L/bot	BOTTLE	50	120.00	6,000.00

MA. JOSEFINA G. BELMONTE
City Mayor

MARIA VICTORIA VILLANUEVA 12-18-20
Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
City Accountant

OBR :

PR Amount : 23,089,005.32

TERMS AND CONDITIONS

1. ALL PRICES INDICATED HEREIN ARE VALID, BINDING AND EFFECTIVE AT LEAST WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT.

2. AWARDEE shall be responsible for the source(s) of its supplies/materials/equipment and shall make deliveries in accordance with the schedule, quality and specification of the award and purchase order. Failure by the AWARDEE to comply with the same shall be a ground for cancellation of the award and purchase order issued to that AWARDEE and for re-awarding the item(s) to the ALTERNATE AWARDEE.

3. AWARDEE shall pick up purchase order(s) issued in its favor within three (3) days after receipt of notice to that effect. A telephone call, fax transmission or electronic mail (e-mail) shall constitute an official notice to the AWARDEE. Thereafter, if the purchase order(s) remains unclaimed, the said purchase order(s) shall be sent by mailing or courier, messengerial service to the AWARDEE. To avoid delay in the delivery of the requesting end-user's requirement, all DEFAULTING AWARDEES shall be precluded from proposing or submitting a substitute sample.

4. Subject to the provisions of the preceding paragraph, where AWARDEE has accepted a purchase order but fails to deliver the required product(s) within the time called for in the same order, the delivery period may be extended a maximum of fifteen (15) calendar days under liquidated damages to make good the delivery. Thereafter, if AWARDEE has not completed the

5. delivery within the extended period, the subject purchase order shall be cancelled and the award for the undelivered balance, withdrawn from that AWARDEE. The BAC-Goods and Services shall then purchase the required item(s) from such other source(s) as it may determine, with the difference in price to be charged against the DEFAULTING AWARDEE. Refusal by the DEFAULTING AWARDEE to shoulder the price difference shall be ground for its disqualification from future bids of the same items, without prejudice to the imposition of other sanction as prescribed under RA 9184 and its RIRR.

6. When the supplier fails to satisfactorily deliver goods/services under the contract within the specified delivery schedule, inclusive of duly granted time extensions, if any, the supplier shall be liable for damages for the delay and shall pay the procuring entity liquidated damages, not by way of penalty, an amount equal to one-tenth (1/10) of one percent (1%) of the cost of the delayed goods/services scheduled for delivery for everyday of delay until such goods/services are finally delivered and accepted by the procuring entity concerned.

7. Rejected deliveries shall be construed as non-delivery of product(s)/item(s) so ordered and shall be subject to liquidated damages, subject to the terms and conditions prescribed under paragraph 4 hereof.

8. Supplier shall guarantee its deliveries to be free from defects. Any defective item(s)/product(s), therefore that maybe discovered by the ***Quezon City Government*** within three (3) months after acceptance of the same, shall be replaced by the supplier within seven (7) calendar days upon receipt of a written notice to that effect.

9. All duties, excise and other taxes and revenue charges, if any, shall be for the supplier's account.

10. As a pre-condition to payment, IMPORTANT DOCUMENTS specifically showing the condition and serial numbers of the imported equipment purchased should be submitted by the supplier to the ***Quezon City Government.***

11. All transactions are subject to applicable withholding taxes in accordance with existing BIR rules and regulations.

12. Supplier shall furnish the End-user through the City General Services Department stockroom, the articles, described above;

13. The ***Quezon City Government*** reserves the right to accept or reject delivered articles if found not in conformity to the specifications, terms and conditions stipulated.

14. Provisions contained in Title VI, Book IV of the Civil Code of the Philippines on Sales are hereby incorporated and made as an Integral part hereof.

15. This contract shall also serve as ***Notice to Proceed,*** to take effect on DEC 18 2020 and to expire on - JAN 0 2 2021.

CONFORME:

MARIA VICTORIA VILLANUEVA	MUNICIPAL SALES REPRESENTATIVE	12-18-2020
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE

Duly authorized to sign this Purchase Order for and on behalf of STA. ANA ENTERPRISES.
COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

******This Purchase Order shall be deemed invalid without Notary Seal (for project amounting to Php2,500,000.00 and above only)***

TERMS AND CONDITIONS

1. ALL PRICES INDICATED HEREIN ARE VALID, BINDING AND EFFECTIVE AT LEAST WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT.

2. AWARDEE shall be responsible for the source(s) of its supplies/materials/equipment and shall make deliveries in accordance with the schedule, quality and specification of the award and purchase order. Failure by the AWARDEE to comply with the same shall be a ground for cancellation of the award and purchase order issued to that AWARDEE and for re-awarding the item(s) to the ALTERNATE AWARDEE.

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6. When the supplier fails to satisfactorily deliver goods/services under the contract within the specified delivery schedule, inclusive of duly granted time extensions, if any, the supplier shall be liable for damages for the delay and shall pay the procuring entity liquidated damages, not by way of penalty, an amount equal to one-tenth (1/10) of one percent (1%) of the cost of the delayed goods/services scheduled for delivery for everyday of delay until such goods/services are finally delivered and accepted by the procuring entity concerned.

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9. All duties, excise and other taxes and revenue charges, if any, shall be for the supplier's account.

10. As a pre-condition to payment, IMPORTANT DOCUMENTS specifically showing the condition and serial numbers of the imported equipment purchased should be submitted by the supplier to the ***Quezon City Government.***

11. All transactions are subject to applicable withholding taxes in accordance with existing BIR rules and regulations.

12. Supplier shall furnish the End-user through the City General Services Department stockroom, the articles, described above;

13. The ***Quezon City Government*** reserves the right to accept or reject delivered articles if found not in conformity to the specifications, terms and conditions stipulated.

14. Provisions contained in Title VI, Book IV of the Civil Code of the Philippines on Sales are hereby incorporated and made as an Integral part hereof.

15. This contract shall also serve as ***Notice to Proceed,*** to take effect on DEC 18 2020 and to expire on - JAN 02 2021.

CONFORME:

MARIA VICTORIA VILLANUEVA	MEDICAL SALES REPRESENTATIVE	12-18-20
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE

Duly authorized to sign this Purchase Order for and on behalf of SPA - ANA ENTERPRISES.
COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____
Page No. _____
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6. When the supplier fails to satisfactorily deliver goods/services under the contract within the specified delivery schedule, inclusive of duly granted time extensions, if any, the supplier shall be liable for damages for the delay and shall pay the procuring entity liquidated damages, not by way of penalty, an amount equal to one-tenth (1/10) of one percent (1%) of the cost of the delayed goods/services scheduled for delivery for everyday of delay until such goods/services are finally delivered and accepted by the procuring entity concerned.

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12. Supplier shall furnish the End-user through the City General Services Department stockroom, the articles, described above;

13. The ***Quezon City Government*** reserves the right to accept or reject delivered articles if found not in conformity to the specifications, terms and conditions stipulated.

14. Provisions contained in Title VI, Book IV of the Civil Code of the Philippines on Sales are hereby incorporated and made as an Integral part hereof.

15. This contract shall also serve as ***Notice to Proceed,*** to take effect on DEC 18 2020 and to expire on - JAN 02 2021.

CONFORME: MARIA VICTORIA VILLANOMAN

SIGNATURE OVER PRINTED NAME

MEDICAL SALES REPRESENTATIVE

IN THE CAPACITY OF

12-18-2020

DATE

Duly authorized to sign this Purchase Order for and on behalf of STA. ANA ENTERPRISES.

COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____
Page No. _____
Book No. _____
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******This Purchase Order shall be deemed invalid without Notary Seal (for project amounting to Php2,500,000.00 and above only)***

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2. AWARDEE shall be responsible for the source(s) of its supplies/materials/equipment and shall make deliveries in accordance with the schedule, quality and specification of the award and purchase order. Failure by the AWARDEE to comply with the same shall be a ground for cancellation of the award and purchase order issued to that AWARDEE and for re-awarding the item(s) to the ALTERNATE AWARDEE.

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4. Subject to the provisions of the preceding paragraph, where AWARDEE has accepted a purchase order but fails to deliver the required product(s) within the time called for in the same order, the delivery period may be extended a maximum of fifteen (15) calendar days under liquidated damages to make good the delivery. Thereafter, if AWARDEE has not completed the

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14. Provisions contained in Title VI, Book IV of the Civil Code of the Philippines on Sales are hereby incorporated and made as an Integral part hereof.

15. This contract shall also serve as ***Notice to Proceed,*** to take effect on DEC 18 2020 and to expire on - JAN 02 2021.

CONFORME:

MARIA VICTORIA VILLAHOMAN
SIGNATURE OVER PRINTED NAME

MEDICAL SALES REPRESENTATIVE
IN THE CAPACITY OF

12-18-2020
DATE

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14. Provisions contained in Title VI, Book IV of the Civil Code of the Philippines on Sales are hereby incorporated and made as an Integral part hereof.

15. This contract shall also serve as ***Notice to Proceed,*** to take effect on DEC 18 2020 and to expire on - JAN 0 2 2021.

CONFORME:

MARIA VICTORIA VILLAHOMAN
SIGNATURE OVER PRINTED NAME

MEDICAL SALES REPRESENTATIVE
IN THE CAPACITY OF

12-18-2020
DATE

Duly authorized to sign this Purchase Order for and on behalf of STA. ANA ENTERPRISES.
COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

******This Purchase Order shall be deemed invalid without Notary Seal (for project amounting to Php2,500,000.00 and above only)***

TERMS AND CONDITIONS

1. ALL PRICES INDICATED HEREIN ARE VALID, BINDING AND EFFECTIVE AT LEAST WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT.

2. AWARDEE shall be responsible for the source(s) of its supplies/materials/equipment and shall make deliveries in accordance with the schedule, quality and specification of the award and purchase order. Failure by the AWARDEE to comply with the same shall be a ground for cancellation of the award and purchase order issued to that AWARDEE and for re-awarding the item(s) to the ALTERNATE AWARDEE.

3. AWARDEE shall pick up purchase order(s) issued in its favor within three (3) days after receipt of notice to that effect. A telephone call, fax transmission or electronic mail (e-mail) shall constitute an official notice to the AWARDEE. Thereafter, if the purchase order(s) remains unclaimed, the said purchase order(s) shall be sent by mailing or courier, messengerial service to the AWARDEE. To avoid delay in the delivery of the requesting end-user's requirement, all DEFAULTING AWARDEES shall be precluded from proposing or submitting a substitute sample.

4. Subject to the provisions of the preceding paragraph, where AWARDEE has accepted a purchase order but fails to deliver the required product(s) within the time called for in the same order, the delivery period may be extended a maximum of fifteen (15) calendar days under liquidated damages to make good the delivery. Thereafter, if AWARDEE has not completed the

5. delivery within the extended period, the subject purchase order shall be cancelled and the award for the undelivered balance, withdrawn from that AWARDEE. The BAC-Goods and Services shall then purchase the required item(s) from such other source(s) as it may determine, with the difference in price to be charged against the DEFAULTING AWARDEE. Refusal by the DEFAULTING AWARDEE to shoulder the price difference shall be ground for its disqualification from future bids of the same items, without prejudice to the imposition of other sanction as prescribed under RA 9184 and its RIRR.

6. When the supplier fails to satisfactorily deliver goods/services under the contract within the specified delivery schedule, inclusive of duly granted time extensions, if any, the supplier shall be liable for damages for the delay and shall pay the procuring entity liquidated damages, not by way of penalty, an amount equal to one-tenth (1/10) of one percent (1%) of the cost of the delayed goods/services scheduled for delivery for everyday of delay until such goods/services are finally delivered and accepted by the procuring entity concerned.

7. Rejected deliveries shall be construed as non-delivery of product(s)/item(s) so ordered and shall be subject to liquidated damages, subject to the terms and conditions prescribed under paragraph 4 hereof.

8. Supplier shall guarantee its deliveries to be free from defects. Any defective item(s)/product(s), therefore that maybe discovered by the ***Quezon City Government*** within three (3) months after acceptance of the same, shall be replaced by the supplier within seven (7) calendar days upon receipt of a written notice to that effect.

9. All duties, excise and other taxes and revenue charges, if any, shall be for the supplier's account.

10. As a pre-condition to payment, IMPORTANT DOCUMENTS specifically showing the condition and serial numbers of the imported equipment purchased should be submitted by the supplier to the ***Quezon City Government.***

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CONFORME: MARIA VICTORIA VILANDRAN

SIGNATURE OVER PRINTED NAME

MEDICAL SALES REPRESENTATIVE

IN THE CAPACITY OF

12-18-2020

DATE

Duly authorized to sign this Purchase Order for and on behalf of STA. ANA ENTERPRISES.

COMPANY NAME

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CONFORME:

MARIA VICTORIA VILLANOMAN
SIGNATURE OVER PRINTED NAME

MEDICAL SALES REPRESENTATIVE
IN THE CAPACITY OF

12-18-2020
DATE

Duly authorized to sign this Purchase Order for and on behalf of STA. ANA ENTERPRISES.
COMPANY NAME

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CONFORME: [signature]

MARIA VICTORIA VILLAROMAN — SIGNATURE OVER PRINTED NAME

MEDICAL SALES REPRESENTATIVE — IN THE CAPACITY OF

12-18-2020 — DATE

Duly authorized to sign this Purchase Order for and on behalf of STA AND ENTERPRISES.
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CONFORME:

MARIA VICTORIA VILLAMOR	MEDICAL SALES REPRESENTATIVE	12-18-2020
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE

Duly authorized to sign this Purchase Order for and on behalf of STA. ANA ENTERPRISES.
COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

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CONFORME: MARIA VICTORIA VILANOMAN
SIGNATURE OVER PRINTED NAME

MEDICAL SALES REPRESENTATIVE
IN THE CAPACITY OF

12-18-2020
DATE

Duly authorized to sign this Purchase Order for and on behalf of SPA. ANA ENTERPRISES.
COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of DEC 18 2020 at Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

ATTY. MARK JOSEPHUS MARCELO
NOTARY PUBLIC
ROOM 402 PM BUILDING, MATALINO ST. Q.C.
ROLL NO. 68314 / NOTARIAL NO. 259
UNTIL DECEMBER 31, 2020
PTR NO. 7377353 / 1-08-10 / Q.C.
IBP NO. 016606 / MCLE NO. VI-0026095

Doc. No. 478
Page No. 100
Book No. 004
Series of 2020

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