

Quezon City Government



PO Number

Purchase Order Date:

Contact Number :045-4550334

MEC 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

Resolution No.

:20-A-624

:#10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000

TIN Number

:137-763-406-002

Business Type

: Sole Proprietorship Registration #05889011

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.	ltem	Unit of Issue	QTY	Unit Cost	Amount
150	Isopropyl alcohol 70%, disinfectant, 4L/ gallon	GALLON	100	546.00	54,600.00
150	Isopropyl alcohol 70%, disinfectant, 4L/ gallon Liquid Handwashing soap, antibacterial, at least 750ml, any scent ******** Nothing Follows *******		100 50	546.00 200.00	

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

Signature Over Printed Name of Supplier / Date

Funds Available:



OBR: 100-2020-11-08-499

PR Amount:

23,089,005.32

Page 15 of 15



Quezon City Government

PO Number

Purchase Order Date:

DEC 18 2028

Procuring Unit

: OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL

HOSPITAL)

PR Number

:GF-20-11-02105

Company Name

: STA. ANA ENTERPRISES

Mode of

:Negotiated

Address

Procurement

53.2

:#10 Bellington St. Suburbia North, Maimpis, CSF,

Resolution No.

:20-A-624

Pampanga 2000

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	Item	Unit of	QTY	Unit Cost	Amount
No.		Issue		<u> </u>	
1	REAGENTS AND CONSUMABLES FOR FULLY AUTOMATED ≥ 5 PART HEMATOLOGY ANALYZER	вох	45	15,000.00	675,000.00
	Fluorescent dye (stain for wbc nucleic acid) ≥ 42ml, 1400 tests/box				
2	Differential Hemolysin 1liter, 900 tests	вот	60	21,000.00	1,260,000.00
3	Hemoglobin hemolysin 500ml, 1,250 test	вот	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	вот	24	10,000.00	240,000.00
	Terms of Reference:		and the second s	Se transidad popularia	
	Machine measurement principle must be Fluorescent and Flow Cytometry or higher principle and backup machine using the same reagents		- cu-departmentalization designation des de la company de		
	EQAS performance grade must not be lower than very satisfactory for all test parameters per cycle		The second confidence of the c	Control of the Contro	
	 Preferably capable of counting cells in other human body fluids (CSF, peritoneal fluid, ascetic fluid, & others) 			VPREATOR AND	
	4. Item #1: in lieu of this item, a machine or higher technology capable of performing the desired function of this item may be			estimation and the state of the	
1	5. Must have installation in other tertiary hospital within Metro Manila		ment (Mensionalitic) alleviales	As Columbia Brillian (As Columbia Brillian) (Hadisi Gradus HADAN
	Provisions of the following:				
	Preventive maintenance and calibration as needed by the machine, with certificate and sticker			Cichara agrada a	cia-anagogiesolocides.
	b. Printer with provision of ink to produce test printouts				
1	c. 24/7 technical support system in case of machine breakdown				and the second s

MA. JOSEFINA G. BELMONTE City Mayor

MANUA VICTOMA VILLANDMAN/DE 18,202 Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MÁNANGU City Accountant

OBR: 100 - 2020 - 11 - 08499

PR Amount:



PO Number

Quezon City Government

Purchase Order Date:

DEC 18 2020

Procuring Unit

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Delivery Schedule: Fifteen (15) Calendar Days

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				Constitution of the Consti
7	REAGENTS & CONSUMABLES FOR HOSPITAL OWNED FULLY AUTOMATED COAGULATION ANALYZER (COALAB 1000)	вох	10	4,000.00	40,000.00
	APTT (Activated Partial Thromboplastic Time) Reagent 10 bottles of 2ml		**Einstein Control of the Control of		Guigesquishaban mukang.
8	Calcium Chloride (CaCl), 10 bottles of 4ml	вох	10	2,700.00	27,000.00
9	Control plasma 1 (Normal), 10 bottles of 1ml	вох	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	вох	10	5,800.00	58,000.00
13	Standard Plasma 10 bottles of 1ml	вох	2	14,945.00	29,890.00
14	REAGENTS & CONSUMABLES FOR HOSPITAL OWNED NA/K/CA/PH ANALYZER (EASYLITE CALCIUM)	PACK	18	28,000.00	504,000.00
	Na/ K/ Ca/ Ph solution pack 800ml				
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	вох	4	14,000.00	56,000.00
	Terms of Reference:		See SCORE SEE SEE SEE SEE SEE SEE SEE SEE SEE S		
	 Must provide backup NaKCaph machine with electrodes as needed 		Condemons of the second of the		

MA. JOSEFINA G. BELMONTE City Mayor

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBÝ G. MÁNANGU City Accountant

OBR:

PR Amount:



Quezon City Government

PO Number **2012212**

Purchase Order Date:

Contact Number :045-4550334

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

:Negotiated

53.2

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Address

Resolution No.

:20-A-624

:#10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000

TIN Number

:137-763-406-002

Business Type

: Sole Proprietorship Registration #05889011

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Delivery Schedule: Fifteen (15) Calendar Days

Payment Term:

Credit

Stock	Item	Unit of	QTY	Unit Cost	Amount
No.		Issue			
17	REAGENTS FOR NA,K,CL ANALYZER	PACK	6	35,000.00	210,000.00
18	NaKCl solution pack 800ml NaKCl daily rinse/ cleaner solution kit 1 bot of 90ml diluent, 6 bottles of 12ml rinse	вох	6	14,000.00	84,000.00
	Terms of Reference:		decimanto parte de la companya del companya de la companya del companya de la companya del la companya de la co		
	 Must provide machine, preventive maintenance and calibration as needed, certificate of calibration with sticker 		NATIONAL PROPERTY OF THE PROPE		
	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	вох	6	14,000.00	84,000.00
	Abnormal High control 4 bottles of 5ml				Para Para Para Para Para Para Para Para
20	Activator 9 bottles of 13ml	вох	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	вох	4	13,000.00	52,000.00
27	Cholesterol reagent 400 tests	CASSETTE	4	45,000.00	· t
28	Cleaner cassette 150ml	CASSETTE	6	5,000.00	*
	C-Reactive Protein Latex 300 tests	CASSETTE	4	36,000.00	144,000.00
	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. JOSEFINÁ G. BELMONTE City Mayor

VICTORIA VILLAMOMAN /12-18-78/20

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU City Accountant,

OBR:

PR Amount:



Quezon City Government



PO Number

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No.		Issue			
32	CRP calibrator 5 x 1ml	вох	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	вох	1	8,000.00	8,000.00
35	D-Dimer control gen 2 1/ll	вох	2	7,000.00	14,000.00
36	Deproteinizer 6 bottles of 21ml	вох	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	вох	1	30,000.00	30,000.00
41	HBA1c hemolyzer 8 bottles of 6.3ml	вох	2	34,000.00	68,000.00
42	HBA1c normal control 4 bottles of 1ml	вох	1	42,000.00	42,000.00
43	HBA1c pathologic control 4 bottles of 1ml	вох	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	вох	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 700 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	вох	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

VILLAMAMAN DIR-JON

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MÁNANGU City Accountant

OBR:

PR Amount:



Quezon City Government



PO Number **2012212**

Purchase Order Date:

DEC 18 2026

Procuring Unit

: OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL

HOSPITAL)

PR Number

:GF-20-11-02105

Company Name

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Delivery Schedule: Fifteen (15) Calendar Days

Payment Term:

Credit

Stock No.	ltem	Unit of Issue	QTY	Unit Cost	Amount
	Uric acid (BUA) reagent 400 tests		Particulation		
	Terms of Reference:				
	 Must provide 1 fully automated clinical chemistry analyzer with wet technology, barcoded reagents and samples, 1 back up machine using the same reagents 		diopposite structure and structure and		
	2. Continuous and random access with throughput of at least 400 tests/hour		**Sherical district		
	 EQAS performance must be acceptable, if not excellent Machine must be cost efficient capable of running all routine and special blood chemistry examinations and HbA1c 		May-add-Gualco-ani-ki-pidat-pipaga		
	5. Capable of running serum, plasma, whole blood, hemolysate, CSF, and urine		Andricon the second of the sec		
	Ready to use reagents, no preparation required to prevent error, contamination, spillage		Participation of the Control of the		
	 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 		eder-ederakeringenschikkeringen		
	8. Capable of doing levy-jennings for each test parameters for quality control purposes		Announce to how were the		
	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	CASSETTE	3	25,000.00	75,000.00
	 High end printer with provisions of ink to produce test printouts, bar code scanner and printer with supplie of sticker 				

MA. JOSEFINA G. BELMONTE City Mayor

VILLAMOMIN DIEDO MOTOMA Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU City Accountant

OBR:

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Quezon City Government



PO Number **2012212**

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	c. 24/7 technical support in case of machine breakdown		acceptant to the second		
	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		-	HANCE CONTROL OF THE PROPERTY	Construction of the Constr
	f. Must provide training/actual demo for at least 1 week not less than 3 medical technologists		en deronanticonente	edan-indy-ana-apani-pa-in	Chronic-Darris
59	REAGENTS AND CONSUMABLES FOR HOSPITAL OWNED FULLY AUTOMATED IMMUNOSEROLOGY MACHINE	KIT	60	22,000.00	1,320,000.00
	COVID TESTING PARAMETERS		in-company constraints	is the control of the	ici di cina di
	Antí SARS-COV2 200 tests			Andreas de la constanta de la	is common management and a second management and a sec
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	КІТ	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

MANUA VICTORIA VILLA MOMIAN MISTOS

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU City Accountant

OBR:

PR Amount:



2012212

Purchase Order Date: Quezon City Government

HOSPITAL)

PR Number

DEC 18 2020

Procuring Unit : OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL

Mode of

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Credit

Stock	Item	Unit of	QTY	Unit Cost	Amount
No.		Issue			
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	вох	2	35,000.00	70,000.00
82	Assay Pro Cell 6x380ml	КІТ	20	2,000.00	40,000.00
83	Clean Cell, 6x380ml	КІТ	20	2,000.00	40,000.00
84	Assay Tip 2010, 30x120	КІТ	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	вох	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	вох	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

VILLARIOM AN DIRE Signature Over Printed Name of Supplier / Date

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Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	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				TARIOLOGICA TARIONAL PARAMETERS AND
	3. Sample volume: 50-200ul				
	4. Dimension: not bigger than 350 x 450 x 410mm (WxDxH)			, and a second	
	Provisions of the following:				
	Preventive Maintenance and calibration as needed, with certificate and sticker				escope de la companya
	b. Must provide thermal paper or result print outs			10 to	
	c. Must provide on-site training for at least 5 MedTechs			and the second	
	 d. 24/7 technical support system in case of machine breakdown, provision of service machine in case machine is not repaired 			STOLLAND PLANT HERE	SCANT COMMISSION AND AND AND AND AND AND AND AND AND AN
96	REAGENTS FOR SEMI-AUTOMATED GEL CROSSMATCHING, ABD TYPING MACHINE	вох	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	ВОХ	4	14,000.00	56,000.00
	Terms of Reference:				
	Must provide semi-automated modular machines composed				
	a. Gel Card Centrifuge - must have an rpm of 1030 ± 5, with at least 12 slots				
	 Gel Card Incubator – temperature must be fixed at 37°C, with slots, incubation time must be programmable for 1-60 minutes 			ri Oppopulation de la constantina della constant	

MA. JOSEFIÑA G. BELMONTE City Mayor

VICTOIMA VIMANIAMINI AMBORINI Signature Over Printed Name of Supplier / Date

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RUBY G. MANANGU City Accountant

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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
	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			stock and the st	
	Provisions of the following:				
	Preventive maintenance and calibration as needed by the machine, with certificate and sticker			A ne entre de la contraction d	in-o-cases a size-cases a size-cases a size-cases a size-cases a size-cases a size-case a
	b. 24/7 technical support system in case of machine breakdown			Andreaded and the second and the sec	
	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 				manumari) digini da
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	68,880.0d
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	вох	1	19,920.00	19,920.00
107	Hepatitis B Antigen negative and positive control, 2 bottles x 8ml	вох	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	вох	2	21,000.00	42,000.00
	Syphilis TP negative and positive control, 2 bottles x 8ml	ВОХ	2	21,000.00	42,000.00
111	Wash solution 1, 4 bottles x 1L	вох	2	18,960.00	37,920.00

MA. JOSEFÍNA G. BELMONTE City Mayor

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU City Accountant

OBR:

PR Amount:



Quezon City Government

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

:Negotiated

53.2

Procurement

Address

:#10 Bellington St. Suburbia North, Maimpis, CSF,

Resolution No.

:20-A-624

Business Type

Pampanga 2000

TIN Number

:137-763-406-002

: 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	ВОХ	2	12,360.00	24,720.00
113	Wash solution 3, 4 bottles x 1L	вох	2	18,960.00	37,920.00
114	Wash solution 4, 4 bottles x 1L	вох	2	12,840.00	25,680.00
115	Reagent cuvettes, 4000/box	вох	1	22,440.00	22,440.00
116	Reagent caps 200/box	вох	1	9,960.00	9,960.00
117	Sample cups 1000/box	вох	1	10,000.00	10,000.00
:	Terms of Reference:				
	 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 			Conjuntaria antique pira pira pira pira pira pira pira pira	
	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				
i	5. With on-board inventory management and alert features for incorrect position of reagents and supplies as well as samples			e concentration of the concent	
	6. With random access, batch, and STAT testing capabilities				in the state of th
	7. Can be interfaces with Blood Bank Information System (BBIS), NBBNETS and should be provided with middleware			Simple Control	Side Autocomercial Control Con
	8. LIS ready and must be compatible with the existing HIS				
	9. No reagent preparation required, to prevent contamination and spillage				egistering and a second a second and a second a second and a second and a second and a second and a second a
			1		

MA. JOSEFINA G. BELMONTE City Mayor

NITATINA VIVA NOMEN 12-18-209

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU **City Accountant**

OBR:

PR Amount:



Quezon City Government



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

:Negotiated

Procurement

53.2

Address

:#10 Bellington St. Suburbia North, Maimpis, CSF,

Resolution No.

:20-A-624

Pampanga 2000

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.	ltem	Unit of Issue	QTY	Unit Cost	Amount
	10. Model of machine must be at least 5 years with installation in	and Commerced			
	tertiary hospitals within Metro Manila 11. Capable of doing Levy-Jennings for each test parameters for				
	quality control purposes	3. Table 1.			
	12. EQAS performance must not be lower than very satisfactory				
118	REAGENTS & CONSUMABLES FOR AUTOMATED BACTERIAL ID & SUSCEPTABILITY TESTING	BOTTLE	40	1,700.00	68,000.00
	0.45% saline solution 500ml	ANCESTA CONTRACTOR	Article Action		
	Automated identification card for Gram (-) Bacilli 20 cards of 64 wells/ card	вох	20	21,700.00	434,000.00
120	Automated susceptibility card for Gram (-) Bacilli 20 cards of 64 wells/ card	вох	20	15,760.00	315,200.00
	Automated susceptibility card for Gram (+) cocci 20 cards of 64 wells/ card	ВОХ	15	15,760.00	236,400.00
	Automated identification card for Gram (+) cocci 20 cards of 64 wells/ card	вох	20	15,760.00	315,200.00
123	Suspension tubes 1000pcs/ pack, fit for densometer (plastic)	вох	2	15,100.00	30,200.00
	Terms of Reference:				Academic Communication Communi
1	 Must provide 1 fully automated bacterial identification and susceptibility machine 			MATERIA AND PROPERTY OF THE PR	
	2. Machine must be equipped with software that checks, validates and correct results automatically				
1	3. Database must be based on global CLSI, EUCAST and FDA guidelines			and direction of the second of	
	4. Preferab;y machine principle is colorimetry + nephelometry (KINETIC)				

MA. JOSEFIÑĂ G. BĘLMONTE City Mayon

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU City Accountant

OBR:

PR Amount:



Quezon City Government



PO Number **2012212**

Purchase Order Date: Det 18 2020

Procuring Unit

: OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL

HOSPITAL)

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Address

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Resolution No.

:20-A-624

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:137-763-406-002

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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
	5. LIS ready compatible within existing HIS				
	6. Gold standard for routine identification & susceptibility of organisms			salaja dicine salangke	
	Provision of the following:				
	Preventive maintenance and calibration as needed by the machine, with certificate and sticker		- Andrews		ilenan-mengelepisioneks
	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				ammalery) have desired
	f. Must provide training/actual demo for at least 1 week not less than 3 medical technologists		A COMPANY OF THE COMP		
	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	вох	6	48,000.00	288,000.00
	Terms of Reference:				
1	Must provide 1 fully automated blood culture system machine which utilizes colorimetric principle		A PART OF THE PART		
	2. Can detect gram negative, positive, yeast & fungi			Sime of the state	
- 1	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			in the second se	
	6. Machine must have audio and visual alarm			rice House	
	Provision of the following:				

MA. JOSEFÍNA G. BELMONTE City Mayor

MAMA VICTOMA VILCAMOMAN MESTON

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU City Accountant

OBR:

PR Amount:



Quezon City Government



PO Number **2012212**

Purchase Order Date:

DEC 18 2020

Procuring Unit

: OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL

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: #10 Bellington St. Suburbia North, Maimpis, CSF,

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TIN Number

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Delivery Schedule: Fifteen (15) Calendar Days

Payment Term:

Credit

Stock No.	ltem	Unit of Issue	QTY	Unit Cost	Amount
·	a. Preventive maintenance and calibration as needed by the			and printerpolations	
	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	BOTTLE	50	1,000.00	50,000.00
	≥ Parameters urine strip, 100 strips/ bottle				
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	вох	300	2,800.00	840,000.00
	Terms of reference:			- Angele Service Servi	
- 1	f 1. Must provide semi-automated urine strip reader with $f 1$ 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		No. of the contract of the con		
	3. 24/7 technical support system in case of machine breakdown			i i i i i i i i i i i i i i i i i i i	
	Must provide needed preventive maintenance and calibration with certificate and sticker, 24/7 technical support			ALA-PORTAGE AND	
130	Blood bag compatible with hospital owned apheresis machine	BOX	20	60,000.00	1,200,000.00
	S5L Platelet set, single needle platelet collection, 5 kit/ box				
424	Absorbent cotton 400gm, highly absorbable	PIECE	50	234.00	11,700.00

MA. JOSEFÎNA G. BELMONTE City Mayor

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MÁNANGU City Accountant

OBR:

PR Amount:



Quezon City Government



PO Number **2012212**

Purchase Order Date: DEC 18 2020

Contact Number :045-4550334

Procuring Unit

: OFFICE OF THE CITY MAYOR (QUEZON CITY GENERAL

HOSPITAL)

PR Number

:GF-20-11-02105

Company Name

: STA. ANA ENTERPRISES

Mode of

:Negotiated

53.2

Address

Procurement

Resolution No.

:20-A-624

:#10 Bellington St. Suburbia North, Maimpis, CSF, Pampanga 2000

TIN Number

:137-763-406-002

Business Type

: Sole Proprietorship Registration #05889011

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)	вох	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

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU **City Accountant**

OBR:

PR Amount:

- 1. ALL PRICES INDICATED HEREIN ARE VALID, BINDING AND EFFECTIVE AT LEAST WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT.
- 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 <i>Notice to Proceed,</i> to ta	ake effect on	and to expire on -
CONFORME: 0 2 2071 MANA VICTURE VILLAMO NAME SIGNATURE OVER PRINTED NAME	MIN STUTE WAY VERWITHING IN THE CAPACITY OF	D-18-7020 DATE
Duly authorized to sign this Purchase Order for and on behalf of	COMPANY NAME	MM(XS
SUBSCRIBED AND SWORN to before me this day of me and were identified by me through competent evidence of ide 8-13-SC). Affiants exhibited to me his/her with No	entity as defined in the 2004 Rules on No	itarial Practice (A.M. No. 02-
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)

- 1. ALL PRICES INDICATED HEREIN ARE VALID, BINDING AND EFFECTIVE AT LEAST WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT.
- 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
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- 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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JAN 0 2 2021 ve as Notice to	, Proceed, to take effect on	
CONFORME: MUNDAUN		5 45 DV
MAMA VICTOMA VILVANDMANN	MEDILAN CAUS MODINESTIMINA	D-18-20
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE
Duly authorized to sign this Purchase Order for and	on behalf of STA - MA ENTA PN COMPANY NAME	<u>V</u>
me and were identified by me through competent	day of at Philippines evidence of identity as defined in the 2004 Rules on N with his/her photograph and	otarial Practice (A.M. No. 02
Doc. No		
Page No	,	
Book No	<i>\$.</i>	
Series of		o and above only)

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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.
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- 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.

Integral part hereof. 15. This contract shall also serve as Notice to P	roceed, to take effect on	DEC 18 2020		and to expire on	
CONFORME: MUMMAN MAMA VICTOMA VILLAMOMAN	MIDICAL SALES	MPMEST	WMMYL_	0-18-7070	
SIGNATURE OVER PRINTED NAME	IN THE CAPA	CITY OF		DATE	
Duly authorized to sign this Purchase Order for and or	n behalf of		INY NAME	PMSts.	
subscribed and sworn to before me this dame and were identified by me through competent eving 8-13-SC). Affiants exhibited to me his/her with No	idence of identity as defined	in the 2004	Rules on Notar	ial Practice (A.M. No. 02	
Doc. No Page No.					

^{***}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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Integral part nereof.	DEC 18 2020	and to punits on
15. This contract shall alter erve as Notice to Proce	eed, to take effect on	and to expire on -
CONFORME: DUMDYN MANUA VIDDINA VILLANDMAN	MODICAL CHUS MEMESANTATIVE	12-18-2020
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE
Duly authorized to sign this Purchase Order for and on be	chalf of STA . MA ENTE	
SUBSCRIBED AND SWORN to before me this day of me and were identified by me through competent evider 8-13-SC). Affiants exhibited to me his/her with No	nce of identity as defined in the 2004 Rules Oil i	ioraliai i lactice franti i e e e e
Doc. No Page No Book No Series of	.	
series of	t Notary Seal (for project amounting to Php2,50	00,000.00 and above only)

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Integral part hereof.		DEC 18 2020		
15. This contract shall also serve as Notice to [IAN 0 2 2021	Proceed, to take effect on	OL-	and to expire on -	
CONFORME: MUMMIN MANUAL VILLANDYMMA	Moderate Calus	MANAGONAMA	17-18-2024	
SIGNATURE OVER PRINTED NAME	IN THE CAPACI	TY OF	DATE	
Duly authorized to sign this Purchase Order for and	on behalf of	THA ENTERPHYSES COMPANY NAME	· · · · · · · · · · · · · · · · · · ·	
SUBSCRIBED AND SWORN to before me this of me and were identified by me through competent of 8-13-SC). Affiants exhibited to me his/her with No	avidence of identity as defined if	I LIJE ZUU4 Kules on Notana	i i idecida (i iiii i i i i i i i	
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Integral part hereof.	DEC	1 8 2020
15. This contract shall also serve as Notice to Pro-		and to expire on -
CONFORME: YMWOMWY MANUA VICTONIA VILLAWOMIN	MODOLUN LAWS MEMES	STUTION = 12-18-2020
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE
	on the state of th	ENTOLPHSES
Duly authorized to sign this Purchase Order for and on b	COMP	ANY NAME
SUBSCRIBED AND SWORN to before me this day on the and were identified by me through competent evidents. 8-13-SC). Affiants exhibited to me his/her	ence of identity as defined in the 2004	Philippines. Affiant personally known to Rules on Notarial Practice (A.M. No. 02- ograph and signature appearing thereon
with No.		

Doc. No. _ Page No. _ Book No.

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Integral part hereof.	DEC 18	3 2020
15. This contract shall also serve as Notice to I	Proceed, to take effect on	and to expire on
CONFORME: MUMDMUN MATUA VICADIMA VILVA NOMIN	MODICAN GATUS NEPHESONIM	N-18-2010
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE
Duly authorized to sign this Purchase Order for and o	on hehalf of MA. ANA &	avienphise?
Duly authorized to sign this Purchase Order for and o	COMPANY	NAME
SUBSCRIBED AND SWORN to before me this dome and were identified by me through competent exerts. 8-13-SC). Affiants exhibited to me his/her with No	vidence of identity as defined in the 2004 hur	62 Oll Motalial Linetice (Smith Line
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Integral part hereof.	(BE C	1 8 2020
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CONFORME: DUMPHON AND MANY VICTORIAN	MDOIUN CAUS NEAM	SEMPATIVE 12-18-2008
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE
Duly authorized to sign this Purchase Order for and	on behalf ofCON	A ENTENPHISE
SUBSCRIBED AND SWORN to before me this of me and were identified by me through competent 68-13-SC). Affiants exhibited to me his/her		
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Book No Series of	ithout Notary Seal (for project amounti	ng to Php2,500,000.00 and above only)

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CONFORME: MUNDINAN MAMUA VICTOMA VILLA NOMBON	MEDICAN JANES	MAPHENTATIVE	= 12-12-7070
SIGNATURE OVER PRINTED NAME	IN THE CAP	ACITY OF	DATE
Duly authorized to sign this Purchase Order for and on b	behalf of	PALA DITEMPI COMPANY NAM	
SUBSCRIBED AND SWORN to before me this day me and were identified by me through competent evid 8-13-SC). Affiants exhibited to me his/her with No	ance of identity as deting	ed in the 2004 Rules Oil	Motalial Lactice America
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Series of	out Notary Seal (for proje	ect amounting to Php2,	500,000.00 and above only)

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Integral part hereof.	DEC 1.8 70-6		
15. This contract shall also serve as Notice to a JAN 0 2 2021 /	Proceed, to take effect on	and to expire on	
CONFORME: MUDALUM MANUA VIOLUA VILLA NOMINI	MODIUN JANG MEPMENBUTATIVE	17-18-2019	
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	DATE	
Ouly authorized to sign this Purchase Order for and o	on behalf of COMPANY NAME		
	ay of at Philippines vidence of identity as defined in the 2004 Rules on N with his/her photograph and		
Mid No			
Doc. No			
Page No	, · · ·		
Book No			
Series of	to the second Second for project amounting to Php2,5	00,000.00 and above only)	

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JAN 0 2 2021			
CONFORME: MMMMM- MANNA VICTOMA VIVANDARN	MODICAL SAUS MEPI	UECENTATIVE_	D-18-7000
SIGNATURE OVER PRINTED NAME	IN THE CAPACITY OF	:	DATE
Duly authorized to sign this Purchase Order for and o	Ti belian of	DATERPUS OMPANY NAME	<u></u>
subscribed and sworn to before me this dome and were identified by me through competent ex 8-13-SC). Affiants exhibited to me his/her with No	ay of, at vidence of identity as defined in the 2 with his/her	2004 Rules on Notari	al Practice (A.M. No. 02-
Doc. No Page No Book No Series of		•	
		ting to Phy2 500 00	n nn and above only)

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JAN_O 2 2021	, , , , , , , , , , , , , , , , , , , ,		
CONFORME: MIMBAUN MANYA VILLANDMAN	MODIUM MIES	NEPNESOLIMITY	12-18-2000
SIGNATURE OVER PRINTED NAME	IN THE CAP	ACITY OF	DATE
Duly authorized to sign this Purchase Order for and	on behalf of	ANA ENTERPM	KB
Duly authorized to sign this Purchase Order for and		COMPANY NAME	
me and were identified by me through competent 8-13-SC). Affiants exhibited to me his/her with No			
Doc. No Page No Book No Series of		and amounting to Phn2 50	n 000.00 and above only)
***This Purchase Order shall be deemed invalid w	vithout Notary Seal (for proj	ect amounting to Filp2,300	0,000,00 4114 440.4 3,7

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CONFORME: MANGEMAN VIMANOMIN SIGNATURE OVER PRINTED NAME	IN THE CAPA		DATE
Duly authorized to sign this Purchase Order for a	nd on behalf of	COMPANY NAME	
SUBSCRIBED AND SWORN to before me this me and were identified by me through compete 8-13-SC). Affiants exhibited to me his/her			
with No.			
Doc. No			
Page No Book No		₹,	
Series of	d without Notary Seal (for projec	t amounting to Php2,500	0,000.00 and above only)

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MAMA VICTORIA VILLINAMINI	MEDIUM SMUS MEPHESEN IN THE CAPACITY OF	12-18-2020 DATE
SIGNATURE OVER PRINTED NAME Duly authorized to sign this Purchase Order for and on b	pehalf of CTA - ANA	ENTEKPINSES
subscribed and sworn to before me this day me and were identified by me through competent evid 8-13-SC). Affiants exhibited to me his/her with No	anca at identity as nellilell lil lile 200.	T I (ales off frotalise from the contract of t
Doc. No Page No Book No		

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Integral part hereof.	DEC 18 2020	
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CONFORME: MUMBMAN MADICAL SINUS	puphessontanut	D-18-7020
SIGNATURE OVER PRINTED NAME IN THE CAP	PACITY OF	DATE
Ouly authorized to sign this Purchase Order for and on behalf of	COMPANY NAME	
The subscribed AND SWORN to before me this day of DEC 1 8 2020 at and were identified by me through competent evidence of identity as defined. 3-13-SC). Affiants exhibited to me his/her wit	ed in the 2004 Rulesion The	And Frida (A.M. No. 02-
with No	ROLL NO. 693	14 I NOTARIAL NO. 259

Page No.

Book No. 0

UNTIL DECEMBER 31, 2020 PTR NO. 7377353 / 1-08-10 / Q.C.

IBP NO. 016606 / MCLE NO. VI-0026095