



ACCOUNTING *Appendix 01*

DATE: 9/15/21  
 TIME: 2:40  
 RECEIVED BY: \_\_\_\_\_

**PURCHASE ORDER  
 DOH- CAR**

Entity Name

Supplier : <b>STERITEX MEDICAL SYSTEM</b>	P.O. No. : <b>21-1027</b>
Address : B41 L12 Dizon Ave., Dizon Estate, San Agustin, San Fernando, Pampanga	Date : September 9, 2021
TIN : 235-479-609-000 NV	Mode of Procurement : Public Bidding

Gentlemen:  
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : DOH CHD CAR	Delivery Term :
Date of Delivery : 60 Working Days	Payment Term : CHARGE

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
<b>PR 21-0177</b>						
1	piece	Cot bed, Heavy duty, ultra-light folding bed, steel frame	5	2,187.50	10,937.50	
2	piece	Cadaver Bag, Adult size, Nylon, black, size: at least 36" x 96", with stronghold carrying white strap on each side (1 1/2' width, approximately 26" length). Must have C-shaped opening with heavy-duty zipper with loch (size is 8 "), must be very heavy non-porous, leak-proof plastic and color white with built-in identification pocket on the opposite side. Pocket identification must be thick transparent plastic (size is 8" in width, 10 " in length) with white zipper lock on top of pocket and white around the pocket. With DOH print ( size of logo: 9")	20	812.50	16,250.00	
3	piece	Cadaver Bag, Pedia size, Nylon, black, size: at least 27" x 57", with stronghold carrying white strap on each side (1 1/2' width, approximately 26" length). Must have C-shaped opening with heavy-duty zipper with loch (size is 8 "), must be very heavy non-porous, leak-proof plastic and color white with built-in identification pocket on the opposite side. Pocket identification must be thick transparent plastic (size is 8" in width, 10 " in length) with white zipper lock on top of pocket and white around the pocket. With DOH print ( size of logo: 9")	10	812.50	8,125.00	
<b>STANDARD REQUIREMENTS</b>						
1. Shelf life: Must be fresh commercial stock with a total shelf life of 24 months but not less than 18 months from the date of delivery. For Etonogestrel and PSI implants, total shelf life should be 60 months, 36 months from date of delivery.						
2. PACKAGING: Standard packaging of the manufacturer as approved by the PFDA						
3. LABELLING INSTRUCTION:						
a. On each box/bottle/transparent plastic pack, the following should be imprinted or stickered with non-removable or permanent sticker or label that is binding, and with residue and tearing, if removed:						
Philippine Government Property-Department of Health						
NOT FOR SALE						
b. The items should be delivered in a thick corrugated cardboard box, which is labeled in permanent black ink as follows, in addition to Recipient and Supplier:						
Philippine Government Property-Department of Health						
NOT FOR SALE						
Date of Manufacture: _____						
Date of Expiry: _____						
Batch/Lot No. _____						
<b>Sub Total</b>					<b>Page 1 of 2</b>	<b>₱35,312.50</b>

SEP 17 2021



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		<b>PR 21-0177</b>			
<b>4. RECALL AND DISPOSAL:</b>					
a.) The supplier must ensure the quality products and if there will be problems in the quality, the supplier will recall and replace the products distributed in the hospitals/treatment hubs/RHU/HC/BHSS based on the Guidelines of Product Recall, FDA Circular No. 2016-12					
b.) In case of product recalls, damage or expired medicines due to replacement, costs associated with the proper handling or pull out from the health facilities where the medicines have already been distributed shall be borne by the supplier					
<b>Purpose:</b> For use of HEM Unit during disasters and emergencies					
Sub total Page 1 of 2.....					35,312.50
<b>Page 2 of 2</b>					
<b>TOTAL</b>					<b>₱35,312.50</b>
Thirty Five Thousand Three Hundred Twelve & 50/100 Pesos Only					

FS: CONAP SAA 2020-05-0764

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed on the undelivered item/s.
- DOH-CHD-CAR may rescind this contract once the cumulative amount of liquidated damages (LD) reaches ten percent (10%) of the contract amount, and may impose sanctions over and above the LD to be paid.
- The approval and acknowledgement of this contract/purchase order shall serve as notice that the supplier/contractor may commence with the execution of the contract.
- The contractor/supplier shall be responsible in the execution of this contract/purchase order in accordance with the terms and conditions, and other provisions indicated herein.

**This Office reserves the right to cancel this Purchase Order**

Please acknowledge receipt and acceptance of this contract/purchase order by signing in the space provided for below.

Conforme:

Desire Grospe  
 Signature over Printed Name of Supplier

Date: 9/22/21

Very truly yours,

RUBY C. CONSTANTINO, MD, MPH, CESO IV  
 Director IV

Fund Cluster : 01	ORS/BURS No. : <u>02-101101-21- 09-4130</u>
Funds Available : <u>35,312.50</u>	Date of the ORS/BURS: <u>9/15/21</u>
<u>ELAIZA J. LAGERA</u> Accountant III	Amount : <u>35,312.50</u>