



ACCOUNTING APPENDIX 01

DATE: 9/15/21
TIME: 2:38
RECEIVED BY: [Signature]

PURCHASE ORDER
DOH- CAR
Entity Name

Supplier : SGS HEALTHCARE CO.		P.O. No. : 21-1029			
Address : B28 LI PH.2 St. Jude Village San Agustin, San Fernando, Pampanga		Date : September 9, 2021			
TIN : 009-674-508-000 VAT		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
PR 21-0179					
	piece	Pulse Oximeter, adult , Oxygen Saturation (SpO2) - Measuring Range: 70-99%, Measurement Accuracy: 70-90%, (PR)BM-Measuring Range 30bpm-250bpm, Display Screen: blue and yellow two colors OLED Screen, Display Directions: four directions, six display modes, contains two (2) pieces AAA batteries that could use more than 40 hours, Low Voltage Warning, Automatic Shutdown, Package Included: 1 x Pulse Oximeter, 1 x cord, 1 x leather casing, 1 x english manual, finger tip	5	1,170.00	5,850.00
	piece	BP Apparatus Set, Adult , aneroid, luminous gauge, index and range markings on the dial for clear readings, durable and stain resistant natural cotton fiber cuff, latex free inflation system, easy-release deflation valve	5	670.00	3,350.00
	piece	Nebulizer Atomization/nebulization rate: ≥0.25ml Flow Rate: ≥6.7L/min Particulate size/MmAD: ≤5um Noise generated: ≤65dB 1 meter from machine Working Temperature: 5-40°C Electrical Requirements: 220V AC (+/-10%) 50Hz	2	1,150.00	2,300.00
STANDARD REQUIREMENTS					
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. _____					
Sub Total		Page 1 of 2		P11,500.00	

SEP 17 2021



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		PR 21-0179			
4. RECALL AND DISPOSAL:					
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					
Sub total of Page 1 of 2					11,500.00
FS. CONAP SAA 2020-05-0764					
Purpose: For use of HEM Unit during disasters and emergencies					
Page 2 of 2					
TOTAL		Eleven Thousand Five Hundred Pesos Only			₱11,500.00
<p>1. 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.</p> <p>2. 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.</p> <p>3. 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.</p> <p>4. 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.</p> <p>This Office reserves the right to cancel this Purchase Order</p> <p>Please acknowledge receipt and acceptance of this contract/purchase order by signing in the space provided for below.</p>					
Conforme:		Very truly yours,			
 JEFFERSON SINAMBAN Signature over Printed Name of Supplier Date: <u>09-22-21</u>		 RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV			
Fund Cluster : 01		ORS/BURS No. : <u>02-101109-21-09-0182</u>			
Funds Available : <u>11,500.00</u>		Date of the ORS/BURS: <u>9/15/21</u>			
 ELAIZA J. LAGERA Accountant III		Amount : <u>11,500.00</u>			