



ACCOUNTING *appendix 01*

PURCHASE ORDER

DOH- CAR

Entity Name

DATE: 9/15/21
TIME: 2:21 PM

Supplier : SGS HEALTHCARE CO.		P.O. No. : 21-1030			
Address : B28 L1 PH.2 St. Jude Village San Agustin, San Fernando, Pampanga		Date : September 9, 2021			
TTN : 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
	box	<p>PR 21-0182</p> <p>Progestin Subdermal Implant (PSI) Ancillary Kits, Form & Strength: Each pack should contain the following: 1) Lidocaine 2% (5 ml vial or ampule, 1 pc) 2) Syringe w/ needle 3ml gauge 23 (1 pc.) 3) Antiseptic swab (4 pcs) 4) Sterile gauze 8 ply of 4"x4" (1 pc) 5) Elastic bandage 3" x 5" (1 pc) 6) Plaster (2 pcs) Additional Packaging Instructions: Each kit (heat sealed transparent plastic pack) should be labeled "PSI Ancillary Kit" Labelling Instructions: 1. Each transparent plastic pack and box the following shall 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</p>	146	95.00	13,870.00
<p>STANDARD REQUIREMENTS</p> <p>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.</p> <p>2. PACKAGING: Standard packaging of the manufacturer as approved by the PFDA</p> <p>3. LABELLING INSTRUCTION:</p> <p>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</p> <p>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</p> <p>Date of Manufacture: _____ Date of Expiry: _____ Batch/Lot No. _____</p>					
Sub Total		Page 1 of 2		P13,870.00	

SEP 17 2021



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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
PR 21-0182					
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					13,870.00
Purpose: For Family Planing Program logistics augmentation in CAR					
PS. CONAP SAA 2020-06-1742					
Page 2 of 2					
TOTAL		Thirteen Thousand Eight Hundred Seventy Pesos Only			₱13,870.00
<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 S. NAMBAN Signature over Printed Name of Supplier Date: <u>SEPT. 22, 2021</u>		 RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV <u>22/9/21</u>			
Fund Cluster : 01		ORS/BURS No. : <u>02-101101-21-09-4139</u>			
Funds Available : <u>13,870.00</u>		Date of the ORS/BURS: <u>9/15/21</u>			
 ELAIZA J. LAGERA Accountant III		Amount : <u>13,870.00</u>			