



PURCHASE ORDER

BUREAU OF THE TREASURY

Intramuros, Manila

Telefax No.: 524-7008



Supplier : HEALTHLINE MEDICAL HEALTH SERVICES		P.O. No. : 2024-05-0083			
Address : 1125 Abenida, Maria Orosa St., Ermita, Manila		Date : May 10, 2024			
Contact No.: 0908-877-0902; 8289-9129		Mode of Procurement : Negotiated Procurement			
Email Add.: mdbeltran.healthline@gmail.com					
TIN: 312-385-452-00000					
Gentlemen:					
Please proceed with the Procurement of 2024 Annual Medical and Physical Examination (AMPE) for Bureau of the Treasury (BTr) Officials and Employees in the amount of Php711,380.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila		Delivery Term: Within Fifteen (15) working days from the receipt of approved PO			
Date of Delivery: -		Payment Term: 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	PROCUREMENT OF 2024 ANNUAL MEDICAL AND PHYSICAL EXAMINATION (AMPE) FOR BUREAU OF THE TREASURY (BTR) OFFICIALS AND EMPLOYEES, composed of the following:	1	-	
	pax	Initial Package (<i>Refer to Terms of Reference for details</i>)	274	1,820.00	498,680.00
	pax	Additional Package (<i>Refer to Terms of Reference for details</i>)			
	pax	Mammography (For females aged 40 years old and above)	66	2,000.00	132,000.00
	pax	Prostate Ultrasound (For males aged 45 years old and above)	41	500.00	20,500.00
	pax	Pap-smear (For females aged 21 to 65 years old)	172	350.00	60,200.00
		---Nothing Follows---			
		Reference: PR No. 2024-04-0162 For the Medical and Dental Clinic			
		TOTAL			711,380.00
(Total Amount in Words): SEVEN HUNDRED ELEVEN THOUSAND THREE HUNDRED EIGHTY PESOS AND (00/000)					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.					
Conforme:		Very truly yours,			
_____ Signature over Printed Name of Supplier		<u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official			
_____ Date		Director III, Administrative Service Designation			
Fund Cluster : _____		ORS/BURS No. : _____			
Funds Available : _____		Date of the ORS/BURS: _____			
<u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit		Amount : _____			