

Republic of the Philippines Department of Justice BUREAU OF CORRECTIONS City of Muntinlupa



NOTICE TO PROCEED

October 25, 2021

Mr. Gilbert M. Gako LITTLE PAPI OFFICE SUPPLIES TRADING A-2 Valeda St. Purok 2 Bayanan, Muntinlupa City

Dear Mr. Gako,

Based on the approved Purchase Order No. M21-021 (copy attached), notice is hereby given to LITTLE PAPI OFFICE SUPPLIES TRADING to commence on the Supply & Delivery of Auto Disposable Syringe for the Vaccination of PDL effective upon receipt of this notice.

You are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the **BUREAU OF CORRECTIONS.**

Very truly yours,

CCSUPT. HENRY N. FABRO MD CFP IDS
Directorate for Health and Welfare Services

I acknowledge receipt of this notice.

Mr. Gilbert M. Gako

Little Papi Office Supplies Trading

Date Received 11-10-2021

PURCHASE ORDER Bureau of Corrections

Entity Name

Supplier: LITTLE PAPI OFFICE SUPPLIES TRADING Address: A-2 Valeda St. Purok 2 Bayanan, Muntinlupa City TIN: 313-755-749-000 Tel No. 8534-9422			P.O. No.: M21-021 Date: October 25, 2021 Mode of Procurement: NEGOTIATION (53.2)			
Gentlemen					TION (53.2)	
Place of Delivery :		ish this Office the following articles subject to the terms and co Supply Division, Muntinlupa City 15 calendar days upon receipt of Notice to Proceed/P.O.	Delivery Term :	itions contained herein: Delivery Term: Payment Terms:		
Property	Unit	Description	Qty.	Unit Cost	Amount	
	Вох	AUTO DISPOSABLE SYRINGE 0.5ml with needle, Sterile & non-toxic, self locking, plastic material 100pcs/bx	100	1,750.00	175,000.6	
		For the Vaccination of PDL.				
					175,000.00	
Total Amount	in Words	One hundred seventy fiv	e thousand pesos on	ily.	1/3,000.00	
In case o shall be impo Confo Fund Cluster Funds Avails	orme:	GILBERT M. GAKO Signature over Printed Name of Supplier - b - 2024 Date CHITO R. TURALDE	Very truly yours CCSUPT, HENRY N. FABRO MD CFP IDS Signature over Printed Name of Authorized Official Directorate for Health and Welfare Services Designation ORS/BURS No.: SF 211 - 501 Date of the ORS/BURS: 11/3/2021 Amount: PS, 000 .00			