



Department of Health
National Capital Region
VALENZUELA MEDICAL CENTER
Padrigal St. Karuhatan, Valenzuela City
Telefax No. 294-4625

FM-PROC-002
Rev 2-01/25/19

PURCHASE ORDER

Supplier : QUIRE CORP.	P.O. No. : 25-06-242
Address : #64 Ernestito St. Cor.Ocampo St., Don Jose Heights, Commonwealth, Quezon City	Date : 06/20/2025
TIN : 010-499-108-000	Mode of Procurement : Small Value Procurement

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

Place of Delivery : VALENZUELA MEDICAL CENTER	Delivery Term : 20CD
Date of Delivery :	Payment Term :

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
3897	set	Cataract Package (Phacoemulsification Consumables) Package Inclusions: 1 piece per set - Trypan Blue Ophthalmic Solution 1 ml OFFER: 0.6% Trypan Blue Ophthalmic Solution BRAND: Mede-Blu 1 piece per set - 15degree Stab Knife OFFER: Lance Tip 15degree Stab Knife BRAND: Optima Sharp 1 piece per set - 2.75mm Keratome Knife BRAND: Optima Sharp 1 piece per set - Goggles 1 piece per set - A cons. 118.0 monofocal clear spheric hydrophilic acrylic OFFER: Non-aspheric hydrophilic acrylic IOL (INDIA) BRAND: Optima 1 pc - Balanced Salt Solution 1 piece per set - Sodium Hyaluronate OFFER: 1.8% Sodium Hyaluronate Ophthalmic solution BRAND: TQMHyal (Heavy Gel) 1 piece per set - HPMC Gel OFFER: 2% Hydroxypropyl Methylcellulose Ophthalmics solution USP (HPMC) BRAND: Cata Gel 1 piece per set - Cataract Package Bag	80	5,375.00	430,000.00
				Sub-Total	430,000.00

By: *[Signature]* Date: *6/20/25*

(Total Amount in Words) **Four Hundred Thirty Thousand pesos only** **P 430,000.00**

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.

Very truly yours,
[Signature] **JUL 02 2025**
EDILBERTO V. CAVANEYRO MD, MHA, FPS, FPSGS
OIC-Medical Center Chief II

Conforme: _____
Signature over Printed Name of Supplier
Date *7/2/25*

Funds Cluster: _____
Funds Available: _____
[Signature] **RAYMUND JOE B. MACUANAY**
Accountant IV

ORS/BURS No. *25-06-744*
Date of the ORS/BURS: *26 JUN 2025*
MAINTENANCE & OTHER
OPERATING EXPENSES
Amount: **Php 430,000.00**