



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 : | ENDURE MEDICAL, INC. | P.O. No. : | 25-09-385 |
| Address : | Suite 1601, 16th Floor Tektite East Tower, Exchange Road, Ortigas Center, San Antonio, Pasig City | Date : | 09/29/2025 |
| TIN : | 220-774-681-000 | Mode of Procurement : | PB. No. VMC-2025-067 dated 08-14-25 |

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 | | |
| 4113 | vial | Rabies vaccine vero cell (purified) lyophilized powder, 2.5iu/0.5ml + diluent Manufacturer: Bharat Biotech International Ltd. Brand: Indirab Origin: India Dosage Strength & Form: 2.5iu Lyophilized powder for injection (ID/IM) Box of 1's 30 CD After Receipt Of 1st Delivery Schedule Rabies vaccine vero cell (purified) lyophilized powder, 2.5iu/0.5ml + diluent Manufacturer: Bharat Biotech International Ltd. Brand: Indirab Origin: India Dosage Strength & Form: 2.5iu Lyophilized powder for injection (ID/IM) Box of 1's P.R. No. 25-07-940 dated 7/2/2025 NOA dated 09/17/2025 Resolution No. 2025-302-A dated 09/10/2025 Note: "Subject to adjustment of the delivery schedule as the need arises" Allocation: PHARMACY xxxxxxxxxx Nothing Follows xxxxxxxxxx | 1,000 | 484.00 | 484,000.00 |

| | | |
|-------------------------|---|--------------|
| (Total Amount in Words) | Nine Hundred Sixty Eight Thousand pesos only | P 968,000.00 |
|-------------------------|---|--------------|

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,

E. C. OCT 06 2025

EDILBERTO V. CAVANEYRO MD, MHA, FRCPS, FPGS
OIC-Medical Center Chief II

Conforme:

Signature over Printed Name of Supplier

S
10/07/25

Date

| | | |
|--|-------------------------------|-----------------------|
| Funds Cluster: | ORS/BURS No. | 25-10-1153 |
| Funds Available: | Date of the ORS/BURS: | 01 OCT 2025 |
| <i>1,603.00</i> RAYMUND JOE B. MACUANA Accountant IV | OPERATING EXPENSES Amount: | Php 968,000.00 |