



**PURCHASE ORDER**  
 DSWD MIMAROPA Region  
 Entity Name

Supplier : <b>DR. ANTHONY M. ONG DENTAL CLINIC</b>	P.O. No. : <b>2021-04-0164</b>
Address : <b>Marfrancisco, Pinamalayan, Oriental Mindoro</b>	Date : <b>APRIL 13, 2021</b>
TIN : <b>117-375-118</b>	Mode of Procurement : <b>NP-SVP</b>

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

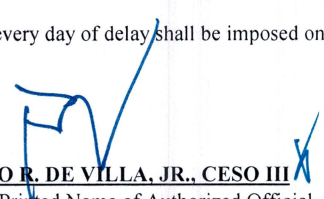
Place of Delivery : <b>PINAMALAYAN, ORIENTAL MINDORO</b>	Delivery Term : <b>FOB Destination</b>
Date of Delivery : <b>7 DAYS UPON RECEIPT OF APPROVED P.O</b>	Payment Term : <b>15-30 days upon final inspection</b>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
<b>SERVICE PROVIDER FOR THE DENTAL EXAMINATION AND TREATMENT</b>					
1	PAX	TOOTH EXTRACTION	30	1,000.00	30,000.00
2	PAX	TOOTH RESTORATION/FILLING	60	1,000.00	60,000.00
3	PAX	ORAL PROPHYLAXIS/CLEANING	30	1,000.00	30,000.00
					<b>₱120,000.00</b>
<b>REQUIRMENTS:</b> *Clinic located at Pinamalayan, Oriental Mindoro *Precautionary Measures for a Virus-Free Environment  <b>Mode of Payment: GOVERNMENT PROCEDURE</b>  *****NOTHING FOLLOWS*****					
APPROVED BUDGET FOR THE CONTRACT: <b>PHP 120,000.00</b> PR No. 2021-03-0210 Purpose: <b>SERVICE PROVIDER FOR THE DENTAL EXAMINATION AND TREATMENT</b> Prepared by: Lorie Licop			Less: 2%  3%	2,400.00  3,600.00	6,000.00  <b>₱114,000.00</b>

**(Total Amount in Words) One Hundred Fourteen Thousand Pesos Only.**

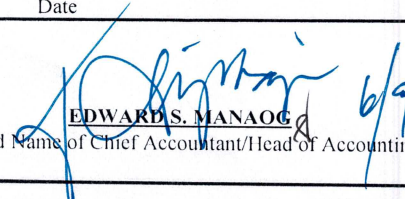
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme: \_\_\_\_\_

Very truly yours,   
**FERNANDO R. DE VILLA, JR., CESO III**  
 Signature over Printed Name of Authorized Official  
**Regional Director**

\_\_\_\_\_  
 Signature over Printed Name of Supplier

\_\_\_\_\_  
 Date

Fund Cluster : <b>1</b> Funds Available : <b>120,000</b>   <b>EDWARD S. MANAOAG</b> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : <b>2021-05-143</b> Date of the ORS/BURS: <b>5/14</b> Amount : <b>120,000</b>
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Department of Social Welfare and Development

Department of Social Welfare and Development  
Field Office MIMAROPA  
Tel. No. (02) 5366-8106 /8107 Local 24052/24051  
www.fo4b.dswd.gov.ph

Email Address: [fo4b@dswd.gov.ph/procurement.fomimaropa@dswd.gov.ph](mailto:fo4b@dswd.gov.ph/procurement.fomimaropa@dswd.gov.ph)

## NOTICE OF AWARD

Date : April 13, 2021

**DR. SUSANA V. ONG**

Proprietor

DR. ANTHONY M. ONG DENTAL CLINIC

Marfrancisco, Pinamalayan, Oriental Mindoro

Dear **Dr. Ong**:

We are pleased to inform you that the **Request for Quotation No. 2021-03-0210** for **SERVICE PROVIDER OF THE DENTAL EXAMINATION AND TREATMENT** is hereby awarded to you at a Total Contract Price inclusive of all applicable taxes equivalent to **One Hundred Twenty Thousand Pesos Only (Php 120,000.00)**.

You are therefore required to comply with the Terms and Conditions stated in the **Purchase Order No. 2021-04-0164** from the receipt of this Notice of Award.

Please signify your conformity by signing below and transmitting a signed copy to us.

Very truly yours,

**FERNANDO R. DE VILLA, JR., CESO III**

Regional Director

Head of the Procuring Entity

X

**Conforme:**

\_\_\_\_\_  
(Signature over Printed Name of Bidder's Authorized Representative)

**DR. ANTHONY M. ONG DENTAL CLINIC**

Date: \_\_\_\_\_

Procurement Form No. 04 - B (Abstract of Quotations)  
 REPUBLIC OF THE PHILIPPINES  
 DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
 ABSTRACT OF QUOTATIONS

Purpose: MEDICAL LABORATORY (DENTAL EXAMINATION) FOR MYC RESIDENTS 2021


RFQ No. 2021-03-0210

Item No.	Qty	Unit	MINDAC DENTAL CLINIC			DR. ANTHONY M. ONG DENTAL CLINIC			Bidder's Specification	Unit Cost	Total Cost
			Bidder's Specification	Unit Cost	Total Cost	Bidder's Specification	Unit Cost	Total Cost			
<b>SERVICE PROVIDER</b>											
<b>FOR THE DENTAL EXAMINATION AND TREATMENT</b>											
1	30	PAX	TOOTH EXTRACTION	1,000.00	30,000.00	1,000.00	30,000.00				
2	60	PAX	TOOTH RESTORATION/FILLING	1,000.00	60,000.00	1,000.00	60,000.00				
3	30	PAX	ORAL PROPHYLAXIS/CLEANING	1,000.00	30,000.00	1,000.00	30,000.00				
<b>REQUIREMENTS:</b>											
*Clinic located at											
Pinamalayan, Oriental Mindoro											
*Precautionary Measures for a Virus-Free Environment											
Mode of Payment: GOVERNMENT PROCEDURE											
*****NOTHING FOLLOWS*****											
			<b>APPROVED BUDGET FOR THE CONTRACT: Php 120,000.00</b>	<b>TOTAL</b>	<b>120,000.00</b>	<b>TOTAL</b>	<b>120,000.00</b>	<b>TOTAL</b>	<b>120,000.00</b>	<b>TOTAL</b>	

Deliberated upon by the DSWD - BIDS COMMITTEE (DSWD-BAC) on April 7, 2021 and  
 recommends to be awarded to DR. ANTHONY M. ONG DENTAL CLINIC as the preferred bid by the end-user

JAMUEL P. BALBAROCO Member  
 IMEE C. VILLANUEVA Member  
 GENELIZA D. GABILAN Member  
 SONIA R. DE LEON Vice Chairperson  
 SHEILA S. TAPIA Chairperson

PATRICK G. JARMIN Alternate Member  
 KHEEN MICHAEL G. SE Alternate Member  
 ANGELYN S. AGUNDO Alternate Member

Approved by:   
**FERNANDO R. DE VILLA, JR., CESO III**  
 Regional Director