

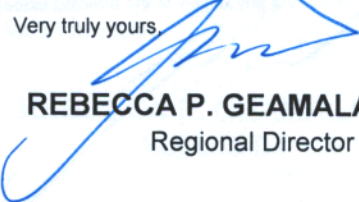


| PURCHASE ORDER | | | | | |
|---|------------|--|-------------------------------------|--|----------------------|
|  DSWD Department of Social Welfare and Development | | Department of Social Welfare and Development Field Office VII, Cebu City | | | |
| Supplier: PI MEDICAL SUPPLY | | PO No.: DSWD7-AMP-2021-152 | | | |
| Address: RM 112 DOÑA LUISA BLDG. FUENTE OSMEÑA, CEBU CITY | | Date: 3/18/2021 | | | |
| Contact No.: 253-0133/253-0231 | | Mode of Procurement: Shopping | | | |
| Contact Person: IMELDA ORBISO | | TIN: 103-788-633-000 | | | |
| Gentlemen / Madam: Please furnish this Office the following articles subject to the terms and conditions contained herein: | | | | | |
| Place of Delivery: | | DSWD FO VII, Cebu City | | Delivery Term: within 30 days upon receipt and conformity of PO | |
| Date of Delivery: | | | | Delivery Term: within 30 days after receipt of Sales Invoice / Billing Statement | |
| Stock No. | Unit | Description | Quantity | Unit Cost | Amount |
| | | supply and delivery of: | | | |
| | box | VITAMIN C "SODIUM ASCORBATE WITH ZINC" | 500 | 294.00 | 147,000.00 |
| | | Specifications: *500mg *100 caps/box *FDA Approved *Expiry date must be at least 1 year from date of delivery Purpose: For Field Office use. END USER: ADMIN DIVISION (PAMS) (Ref: PR No.: DSWD7-2021-0278) | | | |
| | | | Less: | 5% 1% | 6,562.50 1,312.50 |
| Total Amount in Words | | One Hundred Thirty Nine Thousand One Hundred Twenty Five Pesos | | Net of tax | 139,125.00 |
| 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. | | | | | |
| Conforme: | | Very truly yours, | | | |
|  Signature over Printed Name of Supplier | |  REBECCA P. GEAMALA, DMPA Regional Director | | | |
| 3-23-21 Date | | | | | |
| Funds Available: LOUIE RAY C. VILLARIN, CPA Regional Accountant | | | ALOBS No. : _____ Amount : _____ | | |