

PURCHASE ORDER

Department of Social Welfare and Development
Field Office VII, Cebu City

Supplier: PI MEDICAL SUPPLY	PO No. DSWD7-AMP-2021-167
Address: RM 112 Doña Luisa Bldg, Fuente Osmeña, Cebu City	Date: 03/24/2021
Contact No.: (032) 253-0133; 253-0231	Mode of Procurement: Shopping
Contact Person: Imelda Orbiso	TIN: 103-788-663-000

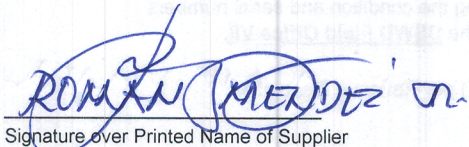
Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: DSWD FOVII, Cebu City	Delivery Term: 30 days upon receipt and conformity of PO
Date of Delivery:	Payment Term: within 30 calendar days after receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
Supply and Delivery of Medical Supplies					
1	pc	FACE SHIELD, Direct splash protection, with eyeglasses	150	22.00	3,300.00
2	pc	SURGICAL MASK, 3-ply	2,000	3.10	6,200.00
3	bottle	ALCOHOL, ethyl, 68%-72%, scented, 500ml	150	69.00	10,350.00
4	can	DISINFECTANT SPRAY, aerosol type, 400grams min. content	5	420.00	2,100.00
5	box	VITAMINS, Ascorbic acid with Zinc, 500mg. Min. capsule, 100pcs/box, FDA approved	150	295.00	44,250.00
				Gross Amount	66,200.00
				5%	2,955.36
(Ref: PR No.: DSWD7-21-0297)				1%	591.07
(Total Amount in Words)	Sixty Two Thousand Six Hundred Fifty Three Pesos and 57/100			Net of tax	62,653.57

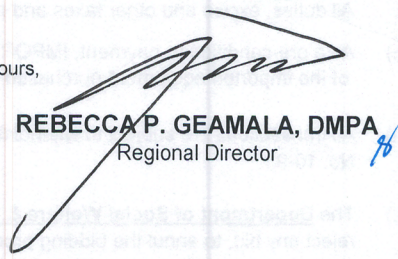
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme:


Signature over Printed Name of Supplier

3-31-21
Date

Very truly yours,


REBECCA P. GEAMALA, DMPA
Regional Director

Funds Available:


LOUIE RAY CAVILLARIN, CPA
Regional Accountant

ALOBS No. : _____

Amount : _____