
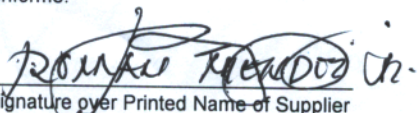
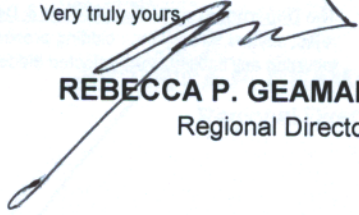


<b>PURCHASE ORDER</b>					
		Department of Social Welfare and Development Field Office VII, Cebu City			
Supplier: <b>PI MEDICAL SUPPLY</b>			PO No.: DSWD7-AMP-2021-283		
Address: RM 112 DOÑA LUISA BLDG. FUENTE OSMEÑA, CEBU CITY			Date: 4/28/2021		
Contact No.: 253-0133/253-0231			Mode of Procurement: 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:		Tuesday & Thursday 1:00-4:00 PM		Delivery Term: within 30 days after receipt of Sales Invoice / Billing Statement	
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>supply and delivery of:</b>			
	bottle	<b>ETHYL ALCOHOL, 68%-72% Solution, 500ml</b>	<b>859</b>	<b>65.22</b>	<b>56,023.98</b>
		Purpose: For Pantawid staff use. (Ref: PR No.: DSWD7-2021-0474)	Less:	5% 1%	2,501.07 500.21
<b>Total Amount in Words</b>		<b>Fifty Three Thousand Twenty Two Pesos &amp; 70/100</b>		<b>Net of tax</b>	<b>53,022.70</b>
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			 <b>REBECCA P. GEAMALA, DMPA</b> Regional Director		
Date 5-6-21					
Funds Available:			ALOBS No. : _____ Amount : _____		
<b>LOUIE RAY C. VILLARIN, CPA</b> Regional Accountant					

PO No.: DSWD7-AMP-2021-283