

### PURCHASE ORDER



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

Supplier: <b>SANJO MEDIPHARMA PHILIPPINES</b>	PO No.: DSWD7-AMP-2022-079
Address: G/F DAYANGS BLDG. B. RODRIGUEZ ST. CEBU CITY	Date: 3/4/2022
Contact No.: 520-2001/254-2301	Mode of Procurement: Shopping
Contact Person: GEMMA VILLAMOR	TIN: 103-791-467-000

Gentlemen / Madam:

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

Place of Delivery: AVRC II, Camomot Franza Road, Brgy. Labangon, Cebu City	Delivery Term: within 30 days after receipt and conformity of PO
Date of Delivery: Every Friday 1:00pm to 4:00pm	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>			
	<b>pc.</b>	<b>ADULT WHEELCHAIR, FOLDABLE</b>	<b>40</b>	<b>4,250.00</b>	<b>170,000.00</b>
		<b>Specifications:</b> * Width: 46cm * Net weight: 19kg * Gross weight: 21kg * Dim: 93 x 24 x 88cm * High Quality and Durable Frame: Chromed Steel Construction Frame * Armrest: Fixed Armrest * Legrest: Fixed Legrest * Seat And Backrest: 46cm Seat Width With Leather Cushion. * Front Wheel: 8" PVC Castor * Rear Wheels: 24" Rear Wheel With Solid Tyre. * Front Fork: Steel * Foot Plate: Aluminum, Flip Up * Cross: Single Cross * 1 year warranty  Purpose: Assistive devices to enable the older person and person with disability to carry out daily activities and participate actively and productively in community life.  (Ref: PR No.: DSWD7-2022-0199)			

<b>Total Amount in Words</b>	<b>One Hundred Seventy Thousand Pesos</b>	<b>Gross Amount:</b>	<b>170,000.00</b>
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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   
**GEMMA P. VILLAMOR**

Very truly yours,  
  
**REBECCA P. GEAMALA, DMPA**  
 Regional Director

Signature over Printed Name of Supplier  
**03-08-22**  
 Date

Funds Available	<b>LOUIE RAY C. VILLARIN, CPA</b> Regional Accountant	ALOBS No. : _____ Amount : _____
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