

DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH City of Mandaluyong

PURCHASE ORDER

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| Supplie | er LIFE | E TEK TRADING | | | |
|---|---------------------|--|------------------|--|-------------------|
| | | | P. O <u>. No</u> | CA-002 | 2-2020 |
| Addres | | | Date | February | 6, 2020 |
| TIN No Tel No. | | 1031 | Mode of | Procurement | Cash Advance |
| | tiemen: Please f | urnish this office the following a tister of the same | | | |
| | | rumish this office the following articles subject to the terms and condition | s containe | ed herein: | |
| Place of Delivery Date of Delivery W/in seven (7) days upon receipt of PO National Center For Mental Health, Mand. City W/in seven (7) days upon receipt of PO | | Delivery Term: | | | |
| | | w/in seven (7) days upon receipt of PO | Payment Term: | | |
| Stock No. | Unit | Description | Quantity | Unit Cost | Amount |
| 1 | kit | ISOLATION GOWN KIT, Contents: 1 pc isolation gown with elastic cuff, tie on neck and waist color: blue size: L-115x137cm; 1 pair shoe cover color: blue, size: 41x15cm; 1 pc Round Nurse Cap color: blue, size: 24"; 1 pc face mask ear-loop color: blue, size 17.5 x 9.5cm; packing paper-plastic pack, non sterile, disposable, WE CARE, China | 500 | 200.00 | |
| | | | | | PHP 100,000.00 |
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| | | FOR GENERAL USE | | | |
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| (Total A | lmount i | n Words) ONE HUNDRED THOUSAND PESOS ONLY. | | | |
| | In case | of failure to make the full delivery within the time specified above, a per e percent for every day of delay shall be imposed | nalty of on | e-tenth | |
| • | -, | Very truly yours, | () alb | 400 - | |
| Conforme | : | BEVERLY A. AZUCEN Chief, Medical and Profe | IA, MD, | FPPA, IFA | A, MMHoA |
| | | and the training | - 1 | _ | ILITA Service |
| _ | (Signa | Approved ur Approved ur Date Appropriation dated Janua | ider Repui | <i>ized Official)</i> blic Act No. 9 3 | 184 |
| | luster : _ | 01101:01 | ORS/RIJI | 25 No . | |
| rands Avanable: | | ORS/BURS No. : Date of the ORS/BURS: | | | |
| | | DULCE B. VALERIO, CPA, MPA | Amount: | | |
| | | Signature over Printed Name of Chief | | | |
| -5-4 | Acc | countant/Head of Accounting Division/Unit | | | f |
| of 1 | | | | | |