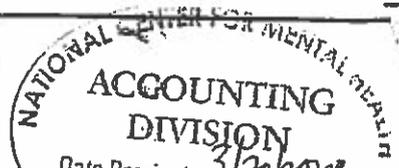




DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH
City of Mandaluyong



PURCHASE ORDER

Supplier **PHIL PHARMAWEALTH INC.**
Address Suite 3001 30th Floor Tekite East Tower Philippine Stock Exchange Center Exchange Road corner Pearl Drive Pasig City
TIN No. _____
Tel No. 683-0053 to 57 | Fax No.: 633-9512 / 633-9513

Date Received: 3/20/2020
Received by: [Signature]
P. O. No. **CA-011-2020**
Date **March 19, 2020**
Mode of Procurement **Cash Advance**

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

Place of Delivery **National Center For Mental Health, Mand. City**
Date of Delivery **w/in seven (7) days upon receipt of PO**
Delivery Term: _____
Payment Term: _____

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1	box	Endure Face Mask (Earloop), 3 Ply Surgical, Disposable Face Mask, box of 50's	100	1,500.00	150,000.00
2	piece	Benehal N95 Mask	2,500	200.00	500,000.00
3	piece	Disposable Non-Sterile Coverall Suit	100	2,495.00	249,500.00
4	pair	Gloves	10,000	5.00	50,000.00
5	piece	Goggles	100	500.00	50,000.00
FOR GENERAL USE					PHP 999,500.00
					xxxxxxxxxxxxxxxx

(Total Amount in Words) **NINE HUNDRED NINETY NINE THOUSAND FIVE HUNDRED PESOS ONLY.**

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

Very truly yours,
BEVERLY A. AZUCENA, MD, FPPA, RAPA, MMH6A
Chief, Medical and Professional Staff II - Hospital Services
(Authorized Official)

Conforme: [Signature]
CAUNTO BIRIG VILLANUEVA
(Signature over printed name)
Date 3-23-20
Retained Income Funds 05200449

Approved under Republic Act No. 9184 dated January 10, 2003

Fund Cluster : _____
Funds Available : 999,500 -
DULCE B. VALERIO, CPA, MPA
Signature over Printed Name of Chief
Accountant/Head of Accounting Division/Unit

ORS/BURS No.: 02-101-601-2020-09-0048
Date of the ORS/BURS: 3/20/2020
Amount: 999,500 -