

DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH City of Mandaluyong

DIVIS DATE RECEIVE

Date Received: 312 Received by:

CHAL CENTER FOR

PURCHASE ORDER

upplier	SURGIMEDIX INC.			P. O. No CA-015-2020			
ddress	Unit 2	Unit 2603 Medical Plaza Ortigas Bldg., San Miguel Avenue Ortigas Center Pasig City			March 30		
	City				Mode of Procurement Cash Advance		
IN No.	7014	9634 / 0917-5113224 I Fax No.: 7914-9634					
el No.							
Genu	lemen: Please fi	ımish this office the following articles subject to the terms and co	onditions	containe	d herein:		
			1			ļ	
lace of D	elivery	National Center For Mental Health, Mand. City		Delivery Term: Payment Term:			
ate of De	ellvery	w/in seven (7) days upon receipt of PO	1	aymone roms.			
Stock No.	Unit	Description		Quantity	Unit Cost	Amount	
1	box	Surgical Mask, 1 box 50 pieces		100	1,400.00		
						PHP 140,000.00	
		FOR GENERAL USE (COVID-19)				^^^ ^	
	l -						
					-		
			-				
	-						
	-						
			AL TRANS				
-							
(Total	Amoun	t in Words) ONE HUNDRED FORTY THOUSAND PESOS ON	LY.				
() Otal	In ca	se of failure to make the full delivery within the time specified ab	ove, a pe	nalty of o	ne-tenth		
(1	/10) of c	ne percent for every day of delay shall be imposed		1			
	•	Very truly you	ırė	_ \)	1	
		Very truly you	1101		L'	1	
		· N	NOEL V. REYES, MD, FPPA				
Confort	me:	OIC-Chief Medical and Professional Staff II - Community Service					
1	· .	I Mrs. il		Aut	horized Offici	ell e	
	(Signature over brihted name) Approduce (Signature over brihted name) dated		ı beymodı	ved under Republic Act No. 9184 January 10, 2003			
			ated Janu				
		Date	ome				
Fund	Cluste				BURS No. : _		
Funds Available: Funds 0520644:							
1		AIV		Amou	nt :		
		DULCE B. VALERIO CPA, MPA				27	
	-	Signature over Printed Name of Chief					
		Accountant/Head of Accounting Division/Unit					