



PURCHASE ORDER

MSSSD No. 79

Procuring Department: **OMSDH**

Supplier : **TOUGH HOUSE ENTERPRISES** P.O.: **1 0 0 1 9 1 2** **No. 1632**

Address : **Calapan City**

E-mail Address : _____ Date : **December 10, 2019**

Telephone No. : **0955-325-6560** Mode of Procurement : **Shopping**

TIN : **301-623-890-000**

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

Place of Delivery: **OMSDH** Delivery Term: **within 7 calendar days upon receipt of NTP**
 Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	pcs	Folding bed - HD X-X-X-X-X-X	30	4,000.00	120,000.00
<p>For use of OMSDH patients</p> <p style="font-size: 2em; font-weight: bold;">A/P 2020</p> <p style="font-size: 0.8em;">201-01-0000 1-07-07-010</p>					

TOTAL AMOUNT IN WORD): one hundred twenty thousand pesos

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for everyday of delay shall be imposed.

Authority of the Governor:
 Very truly yours

HUMERTO A. DOLOR MPA, PhD.
 Provincial Administrator
 Provincial Governor

Conforme:

APRIL AURA BALAORO
 Signature Over Printed Name of Supplier
 Date 12/20/19

<p>Funds Available:</p> <p style="text-align: center;"> ALTHEA F. AGUTAYA Provincial Accountant </p>	<p>OBLIGATION REQUEST NO: <u>4421D CY 2019</u></p> <p>AMOUNT : <u>₱ 120,000.00</u></p>
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