



PURCHASE ORDER

Procuring Department: **Provincial Health Office**

Supplier : **SOUTHSIDE BIOMEDICAL & SERVICES COMPANY, LTD.** P.O.: **1 0 0 1 9 0 6 No. 0897**

Address : **131 Roosevelt, Quezon City**

E-mail Address : _____ Date : **June 28, 2019**

Telephone No. : **0950-677-4877** Mode of Procurement : **Shopping**

TIN : **009-260-565**

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

Place of Delivery: **PHO-OMPH** Delivery Term: **w/ in 7 calendar days upon receipt of PO**

Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	units	STP Motor 15hp 11 kilowatts 1760 RPM X-X-X-X For PHO/OMPH Sewage Treatment Plan use. <div style="font-size: 2em; font-weight: bold; margin-top: 20px;">A/P 2020</div> <div style="margin-top: 10px;">2-01-01-010 af</div> <div style="margin-top: 5px;">107-99-910</div>	2	120,000.00	240,000.00

TOTAL AMOUNT IN WORD): two hundred forty thousand 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 (1) percent for everyday of delay shall be imposed.

Very truly yours

ALFONSO V. UMALI, JR.
 Provincial Governor

Conforme:

RAMON M. ACHA
 Signature Over Printed Name of Supplier
 Date 7/20/2019

Funds Available:
ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: 4999C 07/20/19
 AMOUNT : ₱240,000.00