



PURCHASE ORDER

Procuring Department: **PSWDO**

Supplier : **MORNING SHOPPING CENTER** P.O.: **1 0 0 1 9 1 1** **No. 2215**

Address : **Calapan City, Oriental Mindoro**

E-mail Address : _____ Date : **November 12, 2019**

Telephone No. : **288-147-15** Mode of Procurement : **Shopping**

TIN : **927-622-156-008**

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

Place of Delivery: **PSWDO** Delivery Term: **w/ in 7 calendar days upon receipt of NTP**
 Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
33	pcs	Rechargeable flashlight	3	300.00	900.00
34	pcs	Sando (S-M)	50	95.00	4,750.00
35	pcs	Sandok (wooden)	3	55.00	165.00
36	pack	Sanitary napkin (violet 280m) SISTER	175	28.00	4,900.00
37	pcs	Scouring pad w/ foam SCOTCHBRITE	25	31.00	775.00
38	pcs	Scouring pad SCOTCHBRITE	25	28.00	700.00
39	dozen	Shampoo SUNSILK	75	70.00	5,250.00
40	pcs	Oil (sewing machine) JOHNSON	2	78.00	156.00
41	pcs	Steel whoal SCOTCHBRITE	15	18.00	270.00
42	pcs	Storage flexibox (mg698)	5	1,095.00	5,475.00
43	pcs	Strainer (25cm)	2	295.00	590.00
44	pcs	Thermometer	3	150.00	450.00
45	rolls	Tissue 2ply JOY	20	18.00	360.00
46	pcs	Toilet brush, plastic handle	4	65.00	260.00
47	pcs	Toothpaste, sachet COLGATE	250	9.50	2,375.00
48	pc	Tornado mop	1	1,025.00	1,025.00
Subtotal page 3					28,401.00

continuation at the next page...

TOTAL AMOUNT IN WORD): one hundred thirteen thousand four hundred seventy eight 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 every day of delay shall be imposed.

By Authority of the Governor:
 Very truly yours
HUBBERT CHRISTOPHER A. DOLOR, MD, MPA, MHA
 Provincial Administrator
HUMERLITO A. DOLOR MPA, PhD.
 Provincial Governor

Conforme:

Cristy D. Lualhati
CRISTY D. LUALHATI
 Signature Over Printed Name of Supplier
 Date 11-22-19

Funds Available:

Althea F. Agutaya
ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: _____

AMOUNT : _____