



## PURCHASE ORDER

Procuring Department: **Naujan Community Hospital**

Supplier : **ALTHAEA ENTERPRISES** P.O.: **1 0 0 1 9 1 2** **No. 2228**

Address : **Naujan, Oriental Mindoro**

E-mail Address : \_\_\_\_\_ Date : **December 26, 2019**

Telephone No. : \_\_\_\_\_ Mode of Procurement : **Shopping**

TIN : **194-531-305-000**

Gentlemen:

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

Place of Delivery: **NCH** Delivery Term: **w/ in 7 calendar days upon receipt of NTP**


Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
17	pcs	Steel matting	6	475.00	2,850.00
18	pcs	Wheel barrow	1	4,950.00	4,950.00
19	pcs	Door knob	5	740.00	3,700.00
20	pcs	Conduit pipe 1/2	50	95.00	4,750.00
21	pcs	Male Urinal Set	2	4,980.00	9,960.00
22	roll	PE Pipe 1/2"	1	2,595.00	2,595.00
23	roll	PE Pipe 3/4"	1	3,495.00	3,495.00
24	pcs	PVC Pipe 2"	10	275.00	2,750.00
25	pcs	PVC Pipe 3"	10	385.00	3,850.00
<b>Sub total Page 2</b>					<b>38,900.00</b>
<b>Sub total Page 1</b>					<b>132,276.00</b>
<b>Grand Total</b>					<b>171,176.00</b>

For the use of Naujan Community Hospital.

**TOTAL AMOUNT IN WORD): one hundred seventy one thousand one hundred seventy six 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,  
  
 HUBBERT CHRISTOPHER A. DOLOR, MD, MPA, MHA  
 Provincial Administrator  
**HUMERLITO A. DOLOR MPA, PhD.**  
 Provincial Governor

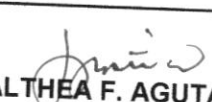
Conforme:

  
**RHIZA G. DELOS REYES**

Signature Over Printed Name of Supplier

Date **12/27/19**

Funds Available:

  
**ALTHEA F. AGUTAYA**  
 Provincial Accountant

OBLIGATION REQUEST NO: **4421 B CY 2019**

AMOUNT :

**₱ 171,176.00**