



## PURCHASE ORDER

Procuring Department: **BCH**

Supplier : **PHILIPPINE DUPLICATORS, INC.** P.O.: **1 0 0 1 9 1 2** **No. 1818**

Address : **Parañaque City**

E-mail Address : \_\_\_\_\_ Date : **December 10, 2019**

Telephone No. : **0922-807-5951** Mode of Procurement : **Shopping**

TIN : **000-412-893-000**

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

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

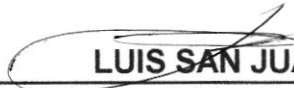
Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
		Other options: bypass tray cover type M16, ADF handle type C, IEEE 802.1 Interface unit type P16 X-X-X-X  <b>For Bulalacao Community Hospital use.</b>			

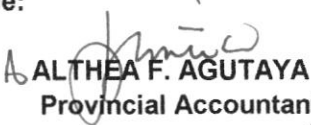

**TOTAL AMOUNT IN WORD): two hundred thousand pesos only**

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.

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:

  
**LUIS SAN JUAN**  
 Signature Over Printed Name of Supplier  
 Date 12-14-19

<p>Funds Available:</p> <p style="text-align: center;">   <b>ALTHEA F. AGUTAYA</b>          Provincial Accountant       </p> <p>angela/bac </p>	<p>OBLIGATION REQUEST NO: <u>4421 A 09 2019</u></p> <p>AMOUNT : <u>₱ 200,000.00</u></p>
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