



PURCHASE ORDER

Procuring Department: **OMPH**

Supplier : **RBC-MDC CORPORATION** P.O.: **1 0 0 1 9 1 2** **No. 0039**

Address : **Alabang Hills, Muntinlupa City**

E-mail Address : _____ Date : **December 26, 2019**

Telephone No. : **0915-548-1622** Mode of Procurement : **Negotiated/Two Failed Bidding**

TIN : **206-416-136-000**

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

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

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
		to DOH Administrative Order No. 2018-0020 6. Sworn statement using the prescribed form in section VIII. Bidding forms; 7. WHO Prequalification Certificate/Dossier/Listing Delivery Schedule: 1. Within 30 calendar days (CD) from receipt of NTP; Quantity: 459 bottles Delivery site: 1. Oriental Mindoro Provincial Hospital - Purple Rain Clinic (STI-HIV/AIDS Unit) x-x-x-x-x For the use of Purple Rain Clinic (a DOH - design HIV Treatment Hub) the STI-HIV/AIDS Unit of Oriental Mindoro Provincial Hospital, Province of Oriental Mindoro			

TOTAL AMOUNT IN WORD): two hundred nine thousand three hundred four 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

HUMERLITO A. DOLOR MPA, PhD.
 Provincial Governor

Conforme:

VICTOR MUANES

Signature Over Printed Name of Supplier
 Date **12-26-2019**

Funds Available:

ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: _____

AMOUNT : _____