



PURCHASE ORDER

Procuring Department: **PHRMO**

Supplier : **TOUCHSTAR ENTERPRISES** P.O.: **2 0 0 2 0 0 7** No. **0033**

Address : **1116 D Dagonoy St. Singalong Malate, Metro Manila**

E-mail Address : _____ Date : **July 23, 2020**

Telephone No. : _____ Mode of Procurement : **Public Bidding**

TIN : **247-414-861-000**

Gentlemen:

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

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

Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
43		Topical Anesthetic (Spray)	2	6,898.00	13,796.00
44	pack	Matrix Band (Pre Molar)	4	749.00	2,996.00
45	pack	Celluliod Strips	5	474.00	2,370.00
46	pack	Finishing Strips	5	274.50	1,372.50
47	pack	Micro Brush Applicator	5	174.50	872.50
48	pc	Dental Floss (Roll type)	5	119.50	597.50
49	cont	Deconex (Disinfectant)	2	5,557.00	11,114.00
50	pc	Vaseline (sm. Container)	1	99.50	99.50
51	blt	High Speed Oil	1	249.50	249.50
52	pc	Brush for Instrument	5	151.50	757.50
53	pc	Calcium hydroxide liner	2	1,873.00	3,746.00
54	pack	Head cap	3	149.50	448.50
55	box	Sterilizing Pouch Size: 134mm x 254mm	1	1,592.00	1,592.00
56	box	Sterilizing Pouch Size: 89mm x 229mm	1	1,348.00	1,348.00
57	pcs	Disposable Glass	600	1.45	870.00
58	bundl	Cotton	5	179.50	897.50
59	bundl	Cotton (Roll type)	5	337.00	1,685.00
60	packs	Saliva Ejector	6	1,199.00	7,194.00
61	pcs	Mouth Mirror	5	749.50	3,747.50
62	pack	Cotton Roll	2	124.50	249.00
63	pcs	Explorer	6	1,348.50	8,091.00
subtotal page 3 -----					64,093.50
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TOTAL AMOUNT IN WORD): seven hundred forty five thousand two hundred eighty three pesos and 25/100 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:

FRANCISCA M. FUSINGAN

Signature Over Printed Name of Supplier

Date

GS-2020-057-A

Funds Available:

ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: _____

AMOUNT : _____