



PURCHASE ORDER

100-76

Procuring Department: **OMSDH**

Supplier : **MEDICOM TRADING & SERVICES** P.O.: **1 0 0 2 0 0 6** **No. 0412**

Address : **Pinamalayan, Oriental Mindoro**

E-mail Address : _____ Date : **June 01, 2020**

Telephone No. : **0917-125-2206** Mode of Procurement : **Shopping**

TIN : **283-824-336-000**

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

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

Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	sets	BP apparatus MTI FRANCE	5	1,700.00	8,500.00
2	pcs	Cover all (microfiber - reusable)	100	500.00	50,000.00
3	pcs	Face mask - cloth X-X-X-X	70	40.00	2,800.00
					61,300.00
For the use of OMSDH					

TOTAL AMOUNT IN WORD): sixty one thousand three hundred pesos only

In case of failure to make the full delivery within the time specified above, a penalty of one percent (1%) of the total amount of the purchase order shall be imposed.

Very truly yours
 HUBBERT CHRISTOPHER A. DOLOR, MD, MPA, MHA
 Provincial Administrator
HUMERLITO A. DOLOR MPA, PhD.
 Provincial Governor

Conforme:

JUN ERICK M. DELA CRUZ
 Signature Over Printed Name of Supplier
 Date 6/29/20

Funds Available:

Althea F. Agutaya
ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: 2-01-01-C10 RF OMSDH 1125-54

AMOUNT : ₱ 61,300.00