

**PURCHASE ORDER**

**OFFICE OF CIVIL DEFENSE**

Supplier: <b>PHILAND PHARMACY AND GENERAL MERCHANDISE</b> Address: <b>7-C Philand Drive, Brgy. Pasong Tamo, Tandang Sora, Quezon City</b> TIN: <b>148-661-632-0000</b>	P.O. No.: <b>2020-04-02</b> Date: <b>April 24, 2020</b> Mode of Procurement: <b>53.2 Negotiated Procurement (Emergency Cases)</b>
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Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein

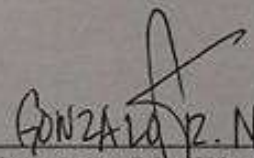
Place of Delivery: _____	Delivery Term: _____
Date of Delivery: _____	Payment Term: _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	box	Micro Supergloves/Gloomed. 100pcs/box, examination type, either latex or nitrile (60 boxes) Careplus Gloves, powder free vinyl (116 boxes)	176	295.00	51,920.00
2	box	Surgical Masks. 50pcs/box, 3ply, disposable, earloop type	352	1,100.00	387,200.00
3	pc	KN95 Masks, individually packed with Certificate of Conformity	2000	145.00	290,000.00
4	container	Sure Protect Alcohol, Ethyl, 70% solution, 20L, carbony container	15	3,590.00	53,850.00
5	pc	Face Shields, medical grade	200	149.00	29,800.00
6	pc	ProMED Thermal Scanner, basic	3	3,950.00	11,850.00
-----nothing follows-----					
<b>TOTAL</b>					<b>824,620.00</b>

**(Total Amount in Words)** Eight Hundred Twenty Four Thousand Six Hundred Twenty 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 percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:

  
**GONZALO R. NOVALES JR.**  
 Signature over Printed Name of Supplier

APRIL 24, 2020  
 Date


Very truly yours,

  
**DIR. LIZA R. MAZO**  
 Signature over Printed Name of Authorized Official

Regional Director  
 Designation

Fund Cluster: \_\_\_\_\_

Funds Available: \_\_\_\_\_

  
**MARIE LYNN B. TADLER**  
 Signature over Printed Name of Chief Accountant/Head of Accounting  
 Division/Unit

ORS/BURS No.: \_\_\_\_\_

Date of the ORS/BURS: \_\_\_\_\_

Amount: **824,620.00**