



PURCHASE ORDER
OFFICE OF CIVIL DEFENSE - REGION 3

Entity Name

Supplier : BNO MEDLAB TRADING	P.O. No. : 2020-09-002
Address : Dolores, City of San Fernando, Pampanga	Date : September 30, 2020
TIN :	Mode of Procurement : 53.9 (SV)

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

Place of Delivery : Office of Civil Defense Region 3	Delivery Term :
Date of Delivery : 5 Days upon receipt of P.O	Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Purchase of Medical Supplies and Equipment for the use of OCD3			
	set	Aneroid Sphygmomanometer with Stethoscope	1		
	pc	Finger Pulse Oximeter with gel protector and case	1		
	set	Portable Compressor Nebulizer with complete accessories	1		
	set	Portable Oxygen with Regulator, Humidifier and refill, 5lbs	1		
	pcs	Non Contact Infrared Thermom Gun	2		
	set	First Aid Kit (Bag/Case) Inclusions: Clean Gloves Surgical Gloves 7.5 Bandage Scissors Hypoallergenic Micropore Tongue Depressor Cotton Tip Applicator Cotton Balls Povidone Iodine Spray 70% Isoprophyl Alcohol Spray Alcohol Pad Sterile Gauze Pad, 4x4" Sterile Eye Pad Elastic Bandage, 2"/3" Digital Thermometer Thermal Blanket Band Aid Instant Cold Compress Antibiotic Ointment Burn Ointment CPR Breathing Barrier Triangular Bandage Tweeers	1		15,150.00
		*** Nothing Follows ***			
					15,150.00

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.

<p>Conforme:</p> <p align="center"><i>[Signature]</i> MARY FERDINAND R. REYNOLDS Signature over Printed Name of Supplier</p> <p align="center"><i>[Signature]</i> Date</p>	<p>Very truly yours,</p> <p align="center"><i>[Signature]</i> DIR MARIA THERESA R ESCOLANO, MNSA Signature over Printed Name of Authorized Official</p> <p align="center">Regional Director, OCDRO III Designation</p>
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<p>Fund Cluster :</p> <p>Funds Available :</p> <p align="center"><i>[Signature]</i> ESTELA MARIE S. SALTA Signature over Printed Name of Budget Officer</p>	<p>ORS/BURS No. : _____</p> <p>Date of the ORS/BURS: _____</p> <p>Amount : _____</p>
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