



PURCHASE ORDER

SAN LAZARO HOSPITAL

Entity Name

SAN LAZARO HOSPITAL
 PROCUREMENT DEPARTMENT
 RECEIVED
 NENITA S. [Signature]
 DATE: 1/20/2020 TIME: 2:20
 20-01-0013

Supplier: **DELEX PHARMA INTERNATIONAL, INC.** P.O. No. : _____
 Address: **Lot 4 Blk. 4 Carnation cor. Magnolia St., Brgy. Sauyo, Quezon City** Date: **January 17, 2020**
 TIN : _____ Mode of Procurement : **ALTERNATIVE MODE OF PROCUREMENT (Small Value)**
 Tel / Fax # : **4260270 to 71 local 101 to 116 / Fax No. 6969835** BAC Resolution # : **AMP-034 s. 2019 dated November 20, 2019 & s. January 8, 2020**

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

Place of Delivery : **Materials and Management Dept. - San Lazaro Hospital** Delivery Term : **FULL DELIVERY within seven (7) days receipt of approved P.O.**
 Date of Delivery : _____ Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	vials	METRONIDAZOLE INJECTION : 5mg/ml, 100ml vial (IV Infusion) XXXXXXXXXXXXXXXXXXXX	2,000	30.00	60,000

Total Amount in Words: **SIXTY THOUSAND PESOS ONLY** / 60,000

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: _____
 Signature over Printed Name of Supplier: _____
 Date: _____

Very truly yours,
EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief II

FAXED
 DATE: 1/20/2020
 9:30

OFFICE OF THE DIRECTOR
 JAN 20 2020
 Errani T. San Pedro
 RECEIVED
 SAN LAZARO HOSPITAL
 1-29-2020
 10:21

Fund Cluster : **06** ORS/BURS No. : **02-207533-2020-01-0**
 Funds Available: _____ Date of the ORS/BURS: **1/20/2020**
 Amount : **₱ 60,000**

ANGELI JOYCE I. FIGURACION, CPA
 Accountant IV

San Lazaro Hospital
 ACCOUNTING OFFICE

San Lazaro Hospital
 BUDGET SECTION

Appendix