



PURCHASE ORDER

SAN LAZARO HOSPITAL

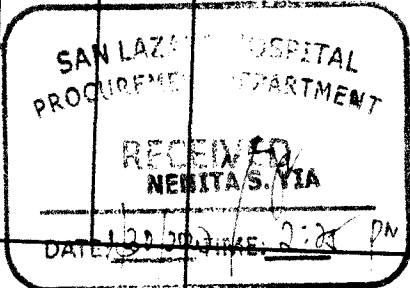
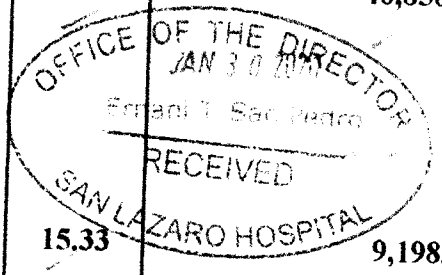
Entity Name

Supplier: PHIL. PHARMAWEALTH, INC.	P.O. No.: 19-12-0292
Address: Suite 3001, East Tower Phil. Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City	Date: December 26, 2019
TIN: _____	Mode of Procurement: ALTERNATIVE MODE OF PROCUREMENT (Small Value)
Tel / Fax #: 633-0053 to 57 / Fax No. 633-95-12/9513	BAC Resolution #: AMP-05-A. s. 2019, dated December 9, 2019

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 w/in 7 days upon receipt of approved PO
Date of Delivery: _____	Payment Term: _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	amps	DIPHENHYDRAMINE INJECTION: 50mg/ml (as HCl) Solution for Injection (IM,IV) Brand Offered: BEXIL Note: * FULL delivery w/in 7 days upon receipt of approved P.O.	2,500	16.34	40,850.00
	amps	KETOROLAC TROMETHAMOL : 30mg/ml Solution for Injection (IM,IV) Brand Offered: KETRAL Note: * FULL delivery w/in 7 days upon receipt of approved P.O.	600	15.33	9,198.00



M. Lopez
MARTEL B. ROGERO
1-27-20
1:50 PM

gmg
1-29-2020
10:21

FIFTY THOUSAND FORTY EIGHT PESOS ONLY

50,048.00

In case of failure to make the full delivery within the time specified above, a penalty of one percent (1%) of one percent for every day of delay shall be imposed on the undelivered item's.

Conforme: _____
Signature over Printed Name of Supplier: _____
Date: **1/29/2020**

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

Fund Cluster: **06**
Funds Available: _____
ANGELI JOYCE I. FIGURACION, CPA
Accountant IV

ORNS/BLRS No.: **02.207533-2019-1202**
Date of the ORS/BU: **12/27/19**
Amount: **P 50,048**

San Lazaro Hospital
ACCOUNTING OFFICE
Received
1/29/2020

RECEIVED
1/31/2020
9:25
BY: _____