



# PURCHASE ORDER

SAN LAZARO HOSPITAL  
Entity Name

Supplier : <b>AMBICA INTERNATIONAL CORP.</b>	P.O. No. : <b>19-12-0275</b>
Address : <b>#9 Amsterdam Extn. Ambica Bldg, Merville Park Subd., Paranaque City</b>	Date : <b>December 4, 2019</b>
TIN : _____	Mode of Procurement : <b>Alternative Mode of Procurement (NEGOTIATED PROCUREMENT- EMERGENCY CASES)</b>
tel / Fax # : <b>828-66-17 to 18 / Fax # 828-66-15</b>	BAC Resolution # : <b>AMP-022 dated October 18, 2019</b>

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

Place of Delivery : <b>Materials and Management Dept. - San Lazaro Hospital</b>	Delivery Term : <b>within SEVEN (7) days upon receipt of approved PO</b>
Date of Delivery : _____	Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	vials	IMMUNOGLOBULIN NORMAL HUMAN (IV/IG) INJECTION: 50mg/ml, 100ml vial (IV)	19	12,000.00	228,000.00

OFFICE OF THE DIRECTOR  
 DEC 16 2019  
 RECEIVED  
 SAN LAZARO HOSPITAL

San Lazaro Hospital  
 BUDGET SECTION  
 RECEIVED  
 NAME: LISETTE M. DE JESUS  
 DATE/TIME: DEC 18 2019 7:20

San Lazaro Hospital  
 ACCOUNTING OFFICE  
 received  
 Date: 12/18/19  
 Time: 7:20  
 SAN LAZARO HOSPITAL  
 FINANCE SERVICE  
 RECEIVED  
 12-17-19  
 9:47

Total Amount in Words	<b>TWO HUNDRED TWENTY EIGHT THOUSAND PESOS ONLY</b>	<b>228,000.00</b>
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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.

Signature over Printed Name of Supplier <i>[Signature]</i> <b>ANGELI JOYCE I. FIGURACION</b> December 23, 2019 Date	Very truly yours, <i>[Signature]</i> <b>EDMUNDO B. LOPEZ, MD, MPH, MHA</b> Medical Center Chief II
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Fund Cluster : <b>05</b> Funds Available : _____ <b>ANGELI JOYCE I. FIGURACION, CPA</b> Accountant IV	ORS/BURS No. : <b>02-206473-2019-12-275</b> Date of the ORS/BURS : <b>12/5/19</b> Amount : <b>228,000</b>
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Appendix 61

SAN LAZARO HOSPITAL  
 CHIEF ADMINISTRATIVE OFFICE  
 RECEIVED  
 BY: *[Signature]*  
 DATE: **DEC 17 2019**

SAN LAZARO HOSPITAL  
 CHIEF ADMINISTRATIVE OFFICE  
 RECEIVED  
 BY: *[Signature]*  
 DATE: **DEC 19 2019**

MATERIAL MANAGEMENT DEPARTMENT  
 RECEIVED  
 BY: *[Signature]*  
 DATE: **1/2**