



PURCHASE ORDER

SAN LAZARO HOSPITAL

Entity Name

Supplier: Inkrite Ink Refilling Station	P.O. No.: 20-02-0062
Address: #4 Balete Drive, Brgy. Kaunlaran, Quezon City	Date: 14-Feb-20
TIN:	Mode of Procurement: AMP - Shopping
Tel / Fax #: 8-401-8379 / 8-705-1671	BAC Resolution #: AMP-035 s.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: Seven (7) Working Days
Date of Delivery: _____ Payment Term: _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	sets	Brother Ink set of 4 (multicolor) for Brother DCP-1700w printer BT6000Bk BT5000M BT500C BT500Y Offered: Inkrite Compatible Brother Ink set of 4 (multicolor) for Brother DCP-1700w printer BT6000Bk BT5000M BT5000C BT5000Y	10	720.00	7,200.00

OFFICE OF THE DIRECTOR
MAR 10 2020
Ermani I. San Pedro
RECEIVED
SAN LAZARO HOSPITAL

SAN LAZARO HOSPITAL
FINANCE SERVICE
RECEIVED
3-10-2020
11:40

San Lazaro Hospital
ACCOUNTING OFFICE
Received
Date: LUNINGNING G. BALTAZAR
Time: 2/28/2020

San Lazaro Hospital
BUDGET SECTION
RECEIVED
NAME: LISETTE M. DE JESUS
DATE/TIME: FEB 27 2020 11:40

SAN LAZARO HOSPITAL
PROCUREMENT DEPARTMENT
RECEIVED
DATE: 2-27-2020 2:20 PM

Total Amount in Words: **Seven Thousand Two Hundred Pesos Only** 7,200.00

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.

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

Signature over Printed Name of Supplier: _____ Date: 2/13/2020 9:00
Fund Cluster: 01
Funds Available: _____
ANGELI JOYCE I. FIGURACION, CPA
Accountant IV

ORS/BURS No.: 02/0001.2020.02.0013
Date of the ORS/BUR: 2/27/2020
Amount: 7,200