PURCHASE ORDER

SAN LAZARO HOSPITAL
Entity Name

Supplier :	**JOLLYMED ENTERPRISES**	P.O. No. :	**20-03-0104**
Address :	1629 Alvarez St., Sta. Cruz, Manila	Date :	March 11, 2020
TIN :		Mode of Procurement :	**Emergency Purchase**
Tel / Fax # :	712-8162; 869-7063; 252-4823; 313-7679	BAC Resolution # :	AMP-016 s. 2020 dated: March 9, 2020; AMP-016-A s. 2020 dated: March 11, 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 :	Two (2) Days upon receipt of PO
Date of Delivery :		Payment Term :	

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pcs	**GOGGLES** - Anti-fog coating lens, clear polycarbonate lenses, tight-fitting	**2,000**	**210.00**	**420,000.00**
	pairs	**SHOE COVER** - Non-woven, elastic, disposable, non-skid	**400**	**7.35**	**2,940.00**
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