



PURCHASE ORDER

SAN LAZARO HOSPITAL
Entity Name

Supplier : **ALLIED HOSPITAL SUPPLY INTERNATIONAL CORP.** P.O. No. : **20-03-0108**
 Address : Unit 1 BSC Bldg., 144 Mindanao Ave. Brgy. Bahay Toro QC Date : **March 11, 2020**
 TIN : _____ Mode of Procurement : **AMP-SMALL VALUE PROCUREMENT**
 Tel / Fax # : 928-4649 / Fax: 455-4323 BAC Resolution # : **B.R. No. AMP-023 s. 2020 Dated: Feb. 5, 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 : **Seven (7) working days**
 Date of Delivery : _____ Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount	
	kit	Murex HIV AG/AB 480 test/ box	2	30,000.00	60,000.00	
Total Amount in Words					Sixty Thousand Pesos Only	60,000.00

Handwritten notes and stamps:
 M. Lopez
 3-20-20
 2:00 PM
 RECEIVED
 OF THE DIRECTOR
 3-20-20

Official stamps and signatures:
 RECEIVED
 SAN LAZARO HOSPITAL
 PROCUREMENT DEPARTMENT
 RECEIVED
 Date: 3-25-2020
 1:00 PM
 1428-3-27-2020

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 to be imposed on the undelivered item/s.

Conforme: _____ Very truly yours,
 Signature over Printed Name of Supplier: _____
 Date: _____
EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief II

Fund Cluster : **01** ORS/BURS No. : **02 - 102101 - 2020 - 03 - 66261**
 Funds Available : **P 60,000** Date of the ORS/BURS : **03 - 13 - 2020**
 Amount : **P 60,000**
ANGELI JOYCE I. FIGURACION, CPA
 Accountant IV

San Lazaro Hospital ACCOUNTING OFFICE
 Received
 Date: 3/13/2020 3:25 PM
 SAN LAZARO HOSPITAL PROCUREMENT DEPARTMENT
 RECEIVED
 Date: 3-10-2020 1:21 PM
 SAN LAZARO HOSPITAL BUDGET DEPARTMENT
 RECEIVED
 By: LIBETTE M. DE JESUS