



PURCHASE ORDER

SAN LAZARO HOSPITAL

Entity Name

Supplier : BRIDGECOM ENTERPRISES CO., INC.	P.O. No. : 20-02-0068
Address : <u>Unit 240-243 Cityland Pioneer</u>	Date : <u>February 18, 2020</u>
TIN : _____	Mode of Procurement : <u>AMP-SHOPPING</u>
Tel / Fax # : <u>8638-5269 loc. 107</u>	BAC Resolution # : <u>B.R. No. AMP-022-A s. 2019 Dated: Feb. 8, 202</u>

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

Place of Delivery : <u>Materials and Management Dept. - San Lazaro Hospital</u>	Delivery Term : <u>45-60 working days</u>
Date of Delivery : _____	Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pc	Sticker printer cartridge White, TZ-231 12mm, compatible with P-touch 9700PC Offer: TZE-231 black on white	50	738.00	36,900.00
	pc	Sticker printer cartridge Blue, TZ-531 12mm, compatible with P-touch 9700PC Offer: TZE-531 black on blue	50	738.00	36,900.00
	pc	Sticker printer cartridge Yellow, TZ-631 12mm, compatible with P-touch 9700PC Offer: TZE-631 black on yellow	50	738.00	36,900.00
	pc	Sticker printer cartridge Black or Green, TZ-231, 12mm, compatible w/ P-touch 9700PC Offer: TZE-631 black on green Brand: Brother TZE Tape	50	738.00	36,900.00
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;"> <p>SAN LAZARO HOSPITAL CHIEF OF CLINICAL PHASE RECEIVED</p> <p>By: _____ Date: _____ Time: _____</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>SAN LAZARO HOSPITAL FINANCIAL DEPT. RECEIVED</p> <p>Mar 27 / 2020 9:45</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>OFFICE OF THE DIRECTOR MAR 27 2020 Emani T. San Pedro RECEIVED SAN LAZARO HOSPITAL</p> </div> </div>					
Total Amount in Words: <u>One Hundred Forty Seven Thousand Six Hundred Pesos Only</u>					147,600.00

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	

Fund Cluster : <u>01</u>	ORS/BURS No. : <u>020/0001/2020-021 00140</u>
Funds Available: _____	Date of the ORS/BURS: <u>2/20/2020</u>
ANGELI JOYCE L. FIGURACION, CPA Accountant IV	Amount : <u># 147,600</u>

Appendix

SAN LAZARO HOSPITAL
PURCHASING DEPARTMENT