



PURCHASE ORDER

SAN LAZARO HOSPITAL

Entity Name

Supplier: **MACARE MEDICALS INC.** P.O. No.: **20-02-0072**
 Address: 67 Antonio Luna St. Project 4 Quezon City Date: **February 24, 2020**
 TIN: Mode of Procurement: **AMP-SMALL VALUE PROCUREMENT**
 Tel / Fax #: **913-4201, 913-4103** BAC Resolution #: **B.R. No. AMP-020 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: 60-90 calendar days
 Date of Delivery: _____ Payment Term: _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	bot	"Thermo Scientific", GC Agar Base 500g/ bottle	4	5,300.00	21,200.00
	bot	"Thermo Scientific", Hemoglobin Powder Soluble 400g/bottle	2	4,200.00	8,400.00
XX					
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;"> <p>San Lazaro Hospital ACCOUNTING OFFICE Received 3/26/2020 2:20 pm</p> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>OFFICE OF THE DIRECTOR MAR 27 2020 Ermani T. San Pedro RECEIVED SAN LAZARO HOSPITAL</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>SAN LAZARO HOSPITAL PROCURMENT DEPARTMENT RECEIVED MAY 21 2020 2:44 APPROVED MAY 21 2020</p> </div> </div>					
Total Amount in Words		Twenty Nine Thousand Six Hundred Pesos Only			29,600.00

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,
 Signature over Printed Name of Supplier
 Date _____ **EDMUNDO B. LOPEZ, MD, MPH, MHA**
 Medical Center Chief II

Fund Cluster: 01 ORS/BURS No.: 06-10219-2020-67-00174
 Funds Available: ₱ 29,600 Date of the ORS/BURS: 03-05-2020
 Amount: ₱ 29,600.00
ANGELI JOYCE I. FIGURACION, CPA
 Accountant IV

Appendix