



# PURCHASE ORDER

**SAN LAZARO HOSPITAL**  
Entity Name

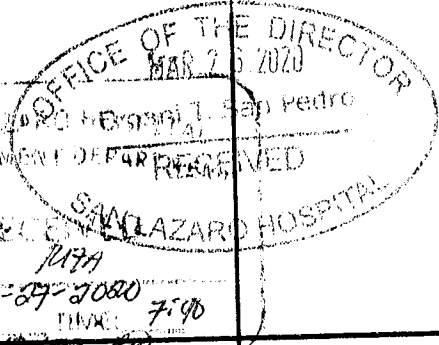
Supplier : <b>ZMD9 HEALTHCARE MARKETING</b>	P.O. No. : <b>20-03-0096</b>
Address : Unit 409 Energy Opt. Bldg. Prime St. Madrigal Business Park 2 Alibang Muntinlupa	Date : <b>March 09, 2020</b>
TIN :	Mode of Procurement : <b>Small Value</b>
Tel / Fax # : <b>8348578</b>	BAC Resolution # : <b>AMP-038-A s.2020</b>

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

Place of Delivery : <b>Materials and Management Dept. - San Lazaro Hospital</b>	Delivery Term : <b>Seven (7) working days</b>
Date of Delivery :	Payment Term :

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	box	Examination Gloves, powder free, 100 pcs/box, Small <i>Sure-Guard, Examination (nitrile) gloves, disposable, thick, powder free, small, 100 pcs/box</i>	75	190.00	14,250.00
	box	Examination Gloves, powder free, 100 pcs/box, Medium <i>Sure-Guard, Examination (nitrile) gloves, disposable, thick, powder free, medium, 100 pcs/box</i>	75	190.00	14,250.00
	box	Micropore Tape, 1.25cm x 9.21cm, 24 rolls/box <i>3M Micropore tape, 1.25cm x 9.21cm, 24 rolls per box</i>	26	535.00	13,910.00
<b>Total Amount in Words</b>					<b>42,410.00</b>

**Forty Two Thousand Four Hundred Ten Pesos Only**



MAR 25 2020

M. Lopez  
3-2-20  
3-30-20

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: \_\_\_\_\_  
Signature over Printed Name of Supplier

Very truly yours,  
**EDMUNDO B. LOPEZ, MD, MPH, MHA**  
Medical Center Chief II

\_\_\_\_\_ Date

Fund Cluster : <b>01</b>	ORS/BURS No. : <b>02-10/01-2020-03-</b>
Funds Available: _____	Date of the ORS/BURS: <b>3/11/2020</b>
<b>ANGELI JOYCE I. FIGURACION, CPA</b> Accountant IV	Amount : <b>₱ 42,410</b>

SAN LAZARO HOSPITAL

San Lazaro Hospital