

# PURCHASE ORDER

**SAN LAZARO HOSPITAL**

Entity Name

Supplier : <b>JOLLYMED ENTERPRISES</b> Address : 1629 Alvarez St., Sta. Cruz, Manila TIN : _____ Tel / Fax # : 712-8162; 869-7063; 252-4823; 313-7679	P.O. No. : <b>20-06-0216</b> Date : June 18, 2020 Mode of Procurement : <b>EMERGENCY PURCHASE</b> BAC Resolution # : AMP - 039 s. 2020 Dated: May 21, 2020
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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>Three to Five (3-5) Calendar Days</u>
Date of Delivery : _____	Payment Term : _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pcs	<b>UNDER PAD - 60 x 90cm packaging: 10pcs/pack BRAND: PERFECT CARE</b>	1,000	14.00	14,000.00
	bxs	<b>TONGUE DEPRESSOR - Sterile, Individually packed packaging: 100pcs/box BRAND: SIMPLEX X-X</b>	200	160.00	32,000.00

OFFICE OF THE DIRECTOR  
 JUN 30 2020  
 RECEIVED  
 SAN LAZARO HOSPITAL

1.40

SAN LAZARO HOSPITAL  
 RECEIVED  
 By: [Signature]  
 Date: 6-29-2020  
 Time: 11:00

SAN LAZARO HOSPITAL  
 PROCUREMENT DEPARTMENT  
 RECEIVED  
 DATE: 6/30/20 2:30

Total Amount in Words	<b>Forty Six Thousand Pesos Only</b>	<b>46,000.00</b>
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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

*[Signature]*

Fund Cluster : 05  
 Funds Available: ₱ 46,000.00  
**ANGELI JOYCE I. FIGURACION, CPA**  
 Accountant IV *[Signature]*

ORS/BURS No. : 02-206443-2020-06-02168  
 Date of the ORS/BURS: 6/23/2020  
 Amount : ₱ 46,000