



**PURCHASE ORDER  
SAN LAZARO HOSPITAL**

Entity Name

<b>Supplier</b> <u>Incline Office Solutions, Inc.</u> <b>Address :</b> #429 Martinez St., Brgy Plainview Mandaluyong City, Metro Manila <b>TIN :</b> _____ <b>Tel / Fax # :</b> 697-9855 / 535-2926	<b>P.O. No. :</b> <u>20-06-0212</u> <b>Date :</b> <u>9-Jun-20</u> <b>Mode of Procurement :</b> <u>AMP-Shopping</u> <b>BAC Resolution # :</b> <u>AMP - 005-A s.2020</u>
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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 (3) Working Days</u>
Date of Delivery : _____	Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	cart	Toner Brother for <u>FXTN2280</u> Offered: Brother TN 2280 Rema Toner  XX	12	2,500.00	30,000.00

RECEIVED

By gmg  
 Date 7-20-2020  
 Time 11:20

San Lazaro Hospital  
BUDGET SECTION  
RECEIVED

NAME: LIBERTO M. DE LOS  
 DATE: JUN 11 2020

SAN LAZARO HOSPITAL  
PROCUREMENT DEPARTMENT  
RECEIVED

DATE: 7-20-2020 TIME: 2:40 Pm  
1:56 Pm

Total Amount in Words	<b>Thirty Three Thousand Pesos Only</b>	<b>30,000.00</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,  
**EDMUNDO B. LOPEZ, MD, MPH, MHA**  
 Medical Center Chief II

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

<b>Fund Cluster :</b> _____ of _____ <b>Funds Available :</b> <u>₱30,000.00</u>	<b>ORS/BURS No. :</b> <u>002/2020-06-0212</u> <b>Date of the ORS/BURS :</b> <u>6/11/2020</u> <b>Amount :</b> <u>₱ 30,000</u>
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**ANGELI JOYCE I. FIGURACION, CPA**  
 Accountant IV