



PURCHASE ORDER
SAN LAZARO HOSPITAL

Entity Name

Supplier: EPARTNERS SOLUTIONS, INC.	P.O. No.: 20-06-0219
Address: <u>Unit 2506, Prestige Tower Condominium, F. Ortigas Center, Pasig</u> City	Date: 17-Jun-20
TIN: _____	Mode of Procurement: <u>AMP - Small Value Procurement</u>
Tel / Fax #: 903-6908 / 720-2956	BAC Resolution #: <u>AMP-034-A s.2019</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>Fifteen (15) Working Days</u>
Date of Delivery: _____	Payment Term: _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	license	Antivirus (License for 3 computers) Offered: Kaspersky Antivirus 3 user 2020	3	1,427.00	4,281.00

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

SAN LAZARO HOSPITAL
CHIEF OF CLINICS OFFICE
RECEIVED
MANUEL D. ROGERA
By: _____
Date: 8-17-20
Time: 1:10 AM

RECEIVED
1049
DATE: AUG 17 2020

RECEIVED
AUG 17 2020

SAN LAZARO HOSPITAL
PROCUREMENT APPROVED P/B
DATE: 08-18-2020
TIME: 8:00
RECEIVED
DATE: 07-02-2020
TIME: 9:09

SAN LAZARO HOSPITAL
BUDGET SECTION
RECEIVED
ARVEY E. CRUZ
NAME: _____
DATE/TIME: 6/29/20

San Lazaro Hospital
ACCOUNTING OFFICE
LUNINGNING G. BALTAZAR
6/20/2020

7/9/2020
518

Total Amount in Words	Four Thousand two Hundred Eighty One Pesos Only	4,281.00
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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,
DATE: 8/18/2020
TIME: 9:36
Signature over Printed Name of Supplier: _____
Date: _____
BY: _____
EDMUNDO B. LOPEZ, MD, MPH, MHA
Medical Center Chief II

Fund Cluster : <u>05</u>	ORS/BURS No. : <u>021 206943. 2020-4831</u>
Funds Available: <u>P 4,281.00</u>	Date of the ORS/BURS: <u>6/20/2020</u>