PURCHASE ORDER

SAN LAZARO HOSPITAL
Entity Name

Supplier : **JOLLYMED ENTERPRISES**	P.O. No. : **20-09-0320**
Address : 1629 Alvarez St., Sta. Cruz, Manila	Date : September 21, 2020
TIN :	Mode of Procurement : **EMERGENCY PURCHASE**
Tel / Fax # : 712-8162; 869-7063; 252-4823; 313-7679	BAC Resolution # : ~~AMP-013 s. 2020 Dated: August 10, 2020;~~ AMP-013-B s. 2020 Dated: September 2, 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 : Seven (7) Working Days
Date of Delivery :	Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	units	**FINGER PULSE OXIMETER (ADULT)** **BRAND: PARTNERS**	**90**	**1,350.00**	**121,500.00**
	units	**FINGER PULSE OXIMETER (PEDIA)** **BRAND: PARTNERS**	**20**	**1,550.00**	**31,000.00**
		x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x			
Total Amount in Words		**One Hundred Fifty Two Thousand Five Hundred Pesos Only**			**152,500.00**

San Lazaro Hospital
BUDGET SECTION
RECEIVED
NAME: ARVEY E. CRUZ
DATE/TIME: 09-21-20

San Lazaro Hospital
ACCOUNTING OFFICE
Received
Date 9/21/2020
Time 9:20
LUNINGNING G. BALTAZAR

OFFICE OF THE DIRECTOR
Ernani T. San Pedro
RECEIVED
SAN LAZARO HOSPITAL

RECEIVED
09-24-2020 2:30
9-29-2020

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

Date

Very truly yours,

EDMUNDO B. LOPEZ, MD, MPH, MHA
Medical Center Chief II

Fund Cluster : 01	**ORS/BURS No. :** 02.101101.2020.09.00892
Funds Available:	**Date of the ORS/BURS:** 9/21/2020
ANGELI JOYCE I. FIGURACION, CPA Accountant IV	**Amount :** ₱ 152,500