

PURCHASE ORDER

SAN LAZARO HOSPITAL
Entity Name

| | |
|--|--|
| Supplier : MICEL CORPORATION Address : 156 Azucena Street, 10th Avenue Grace Park, Calooocan City TIN : _____ Tel / Fax # : <u>0920-4176716</u> | P.O. No. : 20-08-0290 Date : August 19, 2020 Mode of Procurement : EMERGENCY PURCHASE BAC Resolution # : <u>AMP-059 s. 2020 Dated: August 5, 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>Seven (7) Calendar Days</u> |
| Date of Delivery : _____ | Payment Term : _____ |

| Stock/Property No. | Unit | Description | Quantity | Unit Cost | Amount |
|--------------------|------|---|----------|-----------|-----------|
| | pcs | TACKLE BOX -tackle box with compartment DIMENSIONS: W28 X D17 X H14cm <i>X-X</i> | 110 | 300.00 | 33,000.00 |

San Lazaro Hospital
ACCOUNTING OFFICE
Received

Date _____
Time _____

San Lazaro Hospital
BUDGET SECTION
RECEIVED

NAME: ARVEY E. CRUZ

DATE/TIME: 09-07-20

SAN LAZARO HOSPITAL
PROCUREMENT DEPARTMENT

RECEIVED

DATE/TIME: 10-09-2020 10:23
10:34

OFFICE OF THE DIRECTOR
OCT 08 2020
Ermani T. San Pedro
RECEIVED
SAN LAZARO HOSPITAL

San Lazaro Hospital
BUDGET SECTION
RECEIVED

NAME: _____

DATE/TIME: _____

San Lazaro Hospital
ACCOUNTING OFFICE
Received

Date _____
Time _____

| | |
|------------------------------|---|
| Total Amount in Words | Thirty Three Thousand Pesos Only |
| | 33,000.00 |

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.

| | | |
|---|---|----------------------|
| Conforms to: Signature over Printed Name of Supplier _____ Date: _____ | <div style="border: 2px solid black; padding: 5px;"> <p style="font-size: 1.5em; margin: 0;">FAXED</p> <p>DATE: <u>10/12/2020</u></p> <p>TIME: <u>10:03</u></p> </div> <p style="font-size: 1.2em;">Very truly yours,</p> <p>EDMUNDO B. LOPEZ, MD, MPH, MHA Medical Center Chief II</p> | _____ Date: _____ |
|---|---|----------------------|

| | |
|--|---|
| Fund Cluster : <u>01</u> Funds Available: <u>P 33,000.00</u> ANGELI JOYCE I. FIGURACION, CPA Accountant IV | ORS/BURS No. : <u>02, 10/11/2020, 09, 00819</u> Date of the ORS/BURS: <u>9/7/2020</u> Amount : <u>P 33,000</u> |
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