

# PURCHASE ORDER

**SAN LAZARO HOSPITAL**  
Entity Name

<b>Supplier :</b> <b>BNAR ENTERPRISES</b> <b>Address :</b> 1671 Antonio Rivera St., Cor. Quiricada, Tondo Manila <b>TIN :</b> _____ <b>Tel / Fax # :</b> 354-0964 / 734-1158	<b>P.O. No. :</b> <b>20-10-0339</b> <b>Date :</b> October 20, 2020 <b>Mode of Procurement :</b> <b>EMERGENCY PURCHASE</b> <b>BAC Resolution # :</b> AMP-030 s. 2020 Dated: September 9, 2020; AMP-030-C s. 2020 Dated: September 25, 2020
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**Gentlemen:**  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

<b>Place of Delivery :</b> Materials and Management Dept. - San Lazaro Hospital <b>Date of Delivery :</b> _____	<b>Delivery Term :</b> Seven (7) Working Days <b>Payment Term :</b> _____
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Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pcs	<b>NASAL CANNULA</b> Nasal Cannula made of non toxic PVC at least 2 meters of non kink star lumen PVC tubing, Soft PVC nasal prong Adult, <b>BRAND: DOC CHECK</b>	1,000	10.65	10,650.00
	pcs	<b>OXYGEN FACE MASK</b> Oxygen Face Mask, tubing 7 ft., elastic strap, adjustable nose clip, comfortable to fit, made of clear non toxic PVC, medical grade, size: Adult, <b>BRAND: DOC CHECK</b> XX	2,000	19.96	39,920.00

San Lazaro Hospital  
ACCOUNTING OFFICE  
 Received **HENILUS**  
 Date: 10/23/2020  
 Time: 1:30 PM  
 OFFICE OF THE DIRECTOR  
 OCT 27 2020  
 Ernani Y San Pedro  
 RECEIVED  
 SAN LAZARO HOSPITAL  
 Date: 10/27/2020  
 Time: 9:40

San Lazaro Hospital  
ACCOUNTING OFFICE  
 Received  
 Date: 10/20/2020  
 Time: \_\_\_\_\_  
**LIVINGING G. BALTAZAR**

SAN LAZARO HOSPITAL  
CHIEF ADMINISTRATIVE OFFICE  
**RECEIVED**  
 BY: \_\_\_\_\_  
 DATE: 10/23/2020  
**LUZ**

DEPARTMENT OF HEALTH  
 RECEIVED  
 10-26-2020  
 2:45 PM  
**Onofre V. Lim Jr.**

San Lazaro Hospital  
BUDGET SECTION  
**RECEIVED**  
 NAME: **ARVEY E. CRUZ**  
 DATE/TIME: **10-21-20**

SAN LAZARO HOSPITAL  
PROCUREMENT DEPARTMENT  
 RECEIVED  
 Date: 10/27/2020  
 Time: \_\_\_\_\_  
**Quiny**

SAN LAZARO HOSPITAL  
RECEIVED  
 Date: 10-23-2020  
 Time: 4:15

<b>Total Amount in Words</b>	<b>Fifty Thousand Five hundred Seventy Pesos Only</b>	<b>50,570.00</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: \_\_\_\_\_  
 DATE: 10/27/2020  
 TIME: 1:00  
 Signature over Printed Name of Supplier: **Vina**  
 Date: \_\_\_\_\_

**EDMUNDO R. LOPEZ, MD, MPH, MHA**  
Medical Center Chief II

<b>Fund Charge :</b> 01 <b>Funds Available :</b> _____	<b>ORS/BURS No. :</b> 02-101101-2020-10-01049 <b>Date of the ORS/BURS :</b> 10/23/2020
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