



# PURCHASE ORDER

**SAN LAZARO HOSPITAL**

Entity Name

Supplier : <b>PATIENT CARE CORPORATION</b>	P.O. No. : <b>19-11-0270</b>
Address : <b>131 Malakas Street, Diliman, Quezon City</b>	Date : <b>November 20, 2019</b>
TIN :	Mode of Procurement : <b>AMP-Small Value Procurement</b>
Tel / Fax # : <b>09569207811</b>	BAC Resolution # : <b>AMP-003-A s. 2019</b>

Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <b>Materials and Management Dept. - San Lazaro Hospital</b>	Delivery Term : <b>Seven (7) working days</b>
Date of Delivery :	Payment Term :

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	bot	Hemoglobin Powder, 500g/bottle, same brand with GC Medium base and ISOVITALEX. Does not easily solidify.	2	7,175.00	14,350.00
	box	ISOVITALEX, same brand with GC Medium base, and Hemoglobin powder, 5x10ml/vial/box. Can prepare 800ml of media per vial.	25	2,350.00	58,750.00
	bot	Lactose Agar, powder, 500g/bottle. Does not easily solidify.	1	2,685.00	2,685.00
	bot	Maltose Agar, powder, 500g/bottle. Does not easily solidify.	1	8,875.00	8,875.00
	bot	Tryptic Soy Broth, (granulated) powder, 500g/bottle. Does not easily solidify.	1	2,485.00	2,485.00

OFFICE OF THE DIRECTOR  
 x-x-x-x-x-x-x  
 DEC 16 2019  
 Ernani T. San Pedro  
 RECEIVED

SAN LAZARO HOSPITAL  
 CHIEF ADMINISTRATIVE OFFICE  
 RECEIVED  
 DATE: 12/11/19

SAN LAZARO HOSPITAL  
 FINANCE SERVICE  
 RECEIVED  
 DATE: 12-13-19  
 TIME: 10:23

SAN LAZARO HOSPITAL  
 BUDGET SECTION  
 RECEIVED  
 NAME: LISETTE M. DE JESUS  
 DATE/TIME: NOV 28 2019 2PM

San Lazaro Hospital  
 ACCOUNTING OFFICE  
 Received  
 Date: 12/4/19  
 Time:

SAN LAZARO HOSPITAL  
 PROCUREMENT DEPARTMENT  
 RECEIVED

Total Amount in Words	<b>Eighty Seven Thousand One Hundred Forty Five Pesos Only</b>	87,145.00
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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (DATE) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme: *Francis* Very truly yours,  
**EDMUNDO B. LOPEZ, MD, MPH, MHA**  
 Medical Center Chief II

Signature over Printed Name of Supplier: **FRANCIS DELOS SANTOS JR.**  
 Date: **12-17-19**

MATERIAL MANAGEMENT DEPARTMENT  
 RECEIVED BY: **Robin M. Batac**  
 DATE: **12/23**

Fund Cluster : **0**  
 Funds Available: **01**

ORIG/DURS No. : **0-1000-2019-11-0051**  
 Date of the ORIG/DURS: **11/29/19**  
 Amount : **87,145**