



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



PURCHASE ORDER

Supplier: <u>Ayamed Drug Distributor</u>	P.O. No.: <u>2023-01-005</u>
Address: <u>490 Shaw Blvd. cor. J. Luna Bagong Silang Mandaluyong City</u>	Date: <u>01/12/2023</u>
TIN: <u>408-997-822-000</u>	P.R. No.: <u>2022-11-1018</u>
Mode of Procurement: <u>Negotiated Procurement</u>	Date: <u>10-05-2022</u>

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

Place of Delivery: <u>MAKATI CITY</u>	Delivery Term: <u>FOB Destination</u>
Date of Delivery: <u>WITHIN 15 CALENDAR DAYS UPON RECEIPT OF PO</u>	Payment Term: <u>15 working days upon complete delivery</u>

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
A-001-232	Set	First Aid Kit-Medicines and Supplies needed in applying first aid	37	1,000.00	37,000.00
A-001-975	pc	wheelchair-FIRST-AID EQUIPMENT	32	3,500.00	112,000.00

Funded by:
BUR # C-231-0004 &
M-231-0062
Dated: 01/18/2023

Total Amount in Words: **ONE HUNDRED FORTY NINE THOUSAND AND 00/100 ONLY** **149,000.00**

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. Note: This is to approve the BAC recommendation (BAC Reso No. 283, S. 2022) for the use of Alternative Mode of Procurement under sec. 53, 53.9 of IRR of RA9184 and award of contract to above mentioned supplier.

Conforme: _____ Very truly yours, _____

Signature over Printed Name of Supplier _____ Authorized Official *per* _____

Date _____ *mt*

Funds Available

[Signature]
DANTE LANABE
Chief Accountant *[Signature]*