

**PURCHASE ORDER  
OFFICE OF CIVIL DEFENSE IV-A  
Entity Name**

|   |  |
|---|--|
| Supplier : <b>KLEANZ CHEMICAL PRODUCTS TRADING</b>                                  | P.O. No. : _____                                     |
| Address : <b>Blk 5, Lot 2, Uriel St., Saint Michael Subdivision, Bacoor, Cavite</b> | Date : <b>28 August 2021</b>                         |
| TIN : <b>259-372-838</b>  | Mode of Procurement : <b>Small Value Procurement</b> |

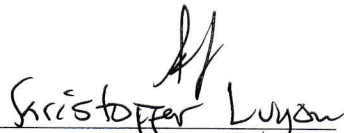
Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:


|  |  |
|--|--|
| Place of Delivery : <b>#175 CPDC Bldg Brgy Paciano Rizal Calamba City Laguna</b> | Delivery Term : <u>One Time Delivery</u> |
| Date of Delivery : _____   | Payment Term : _____                     |

| Stock/ Property No. | Unit    | Description   | Quantity | Unit Cost | Amount           |
|---------------------|---------|---|----------|-----------|------------------|
|                     | Can     | INSECTICIDE, aerosol type, net content: 600         | 20       | 300.00    | 6,000.00         |
|                     | bottles | Hand Sanitizer 500ml                                | 40       | 95.00     | 3,800.00         |
|                     | piece   | BROOM, soft (tambo)                                 | 6        | 150.00    | 900.00           |
|                     | piece   | BROOM, STICK (TING-TING), usable length: 760mm min  | 8        | 25.00     | 200.00           |
|                     | Bottles | CLEANER, TOILET 5 Liter                             | 20       | 250.00    | 5,000.00         |
|                     | pack    | DETERGENT POWDER, all purpose, 1kg                  | 20       | 45.00     | 900.00           |
|                     | can     | DISINFECTANT SPRAY, aerosol type, 400-550 grams     | 60       | 340.00    | 20,400.00        |
|                     | piece   | DUST PAN, non-rigid plastic, w/ detachable handle   | 10       | 60.00     | 600.00           |
|                     | bottle  | HAND SOAP, Liquid, 500ml                            | 20       | 80.00     | 1,600.00         |
|                     | pack    | Rags, cloth 1kg                                     | 10       | 80.00     | 800.00           |
|                     | piece   | MOPHEAD,, weight: 400 grams made of rayon           | 5        | 80.00     | 400.00           |
|                     | pack    | Battery dry cell AA 2 pieces per blister pack       | 10       | 40.00     | 400.00           |
|                     | pack    | Battery dry cell AAA 2 pieces per blister pack      | 20       | 45.00     | 900.00           |
|                     | Rolls   | Electrical Tape .16mm x 19mm x 16m                  | 8        | 95.00     | 760.00           |
|                     | pack    | TOILET TISSUE PAPER, 2-ply, 100% recycled, 12 rolls | 20       | 120.00    | 2,400.00         |
|                     | pack    | TISSUE, interfolded paper towel pack                | 20       | 55.00     | 1,100.00         |
|                     | Bottles | ALCOHOL, ethyl, 68%-72%, scented, 500ml             | 200      | 85.00     | 17,000.00        |
|                     | Bottles | ALCOHOL, ethyl, 68%-72%, scented, 3.785 liters      | 31       | 240.00    | 7,440.00         |
|                     |         | *Nothing Follows*                                   |          |           |                  |
|                     |         |   |          |           | <b>70,600.00</b> |

(Total Amount in Words) **SEVENTY THOUSAND SIX HUNDRED PESOS ONLY**

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  
Kristoffer Luyon  
Aug. 28, 2021  
Date

Very truly yours,  
  
MARIA THERESA R. ESCOLANO  
Signature over Printed Name of Authorized Official  
Regional Director  
Designation

|   |                             |
|---|-----------------------------|
| Fund Cluster : _____  | ORS/BURS No. : _____        |
| Funds Available : _____   | Date of the ORS/BURS: _____ |
| _____<br>Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit | Amount : _____              |