

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

Supplier : <b>ZARO TRADING</b>	P.O. No. : <u>2020-06-175</u>
Address : <u>Brgy. Sulib, Pangil, Laguna</u>	Date : <u>21 June 2021</u>
TIN : <u>244-780-896-000</u>	Mode of Procurement : <u>Negotiated Procurement under Emergency Case per RA 11494</u>

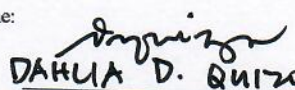
Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:


Place of Delivery : <u>#175 CPDC Bldg Brgy Paciano Rizal Calamba City Laguna</u>	Delivery Term : <u>Packed upon Delivery</u>
Date of Delivery : <u></u>	Payment Term : <u></u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	set	<b>Admission Kit</b>	730		
		<b>Inclusion of the following:</b>			
		1. One (1) Toothpaste - branded, minimum 214g tube, with calcium/flouride, FDA Seal	730	95.00	69,350.00
		2. One (1) Toothbrush - adult size, soft bristles, individual cap	730	25.00	18,250.00
		3. One (1) Bathsoap - branded, minimum 55 grams, standard anti-bacterial/gem-protection soap	730	38.00	27,740.00
		4. One (1) pack Shampoo - branded, minimum 10ml per sachet, six (6) twin-sachet per pack	730	30.00	21,900.00
		5. One (1) Alcohol - branded, minimum 500ml, 70% isoprophyl	730	90.00	65,700.00
		6. One (1) pack Tissue Rolls - 2-ply sheets, four (4) rolls per pack	730	47.00	34,310.00
		7. One (1) Digital Thermometer - celsius temperature measurement, standard quality	730	110.00	80,300.00
		8. One (1) Ecobag - medium size, non-woven, two-holder reusable bags,	730	9.00	6,570.00
		9. One (1) Standard Size Bath Towel - Size 75 x 35 cm, cotton	730	25.00	2,625.00
		**Nothing Follows**			
					<b>326,745.00</b>

(Total Amount in Words) **THREE HUNDRED TWENTY SIX THOUSAND SEVEN HUNDRED FORTY FIVE 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:  
  
**DAHLIA D. QUIZON**  
Signature over Printed Name of Supplier  
June 21, 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: _____
_____ Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Amount : _____