

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

Entity Name

Supplier :	<u>EPP FIRE SAFETY AND RESCUE PRODUCTS CO.</u>	P.O. No. :	<u>2021-06-177</u>
Address :	<u>4th Floor, APP Bldg., 2584 A. Bonifacio St., Brgy. Bangkal, Makati City</u>	Date :	<u>23 June 2021</u>
TIN :	<u>009-071-845-000</u>	Mode of Procurement :	<u>Small Value Procurement</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>5 days upon receipt of Purchase Order</u>
Date of Delivery :		Payment Term :	


Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Provision of Protective Supplies and Materials for COVID-19 and Taal Volcano Response Operations			
1	boxes	Surgical face mask (3 ply, wired, ear loop, disposable, box of 50s)	800	73.00	58,400.00
2	pieces	Goggles (polycarbonate lens, soft, flexible, adjustable head strap, anti-fog, with valve)	70	190.00	13,300.00
3	pieces	Faceshield (full face shield, anti-fog, latex-free, one size fits all, soft head foam, comfort stretch band, disposable)	60	16.00	960.00
4	pieces	Alcohol (70% solution, 500ml)	400	106.00	42,400.00
5	gallon	Alcohol (70% solution, 1 gallon)	70	516.00	36,120.00
6	gallon	Bleach (1 gallon)	60	168.00	10,080.00
7	pieces	Disinfectant spray	61	185.00	11,285.00
		Nothing Follows			
					172,545.00

(Total Amount in Words) **ONE HUNDRED SEVENTY TWO THOUSAND FIVE 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:

BERNARDO JOMIR QUINIO
Signature over Printed Name of Supplier

JUNE 23, 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: _____
_____	Amount : _____
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	