

**PURCHASE ORDER
OFFICE OF CIVIL DEFENSE VI**

Entity Name

Supplier: <u>A L Medical and Sports Apparel Shop</u>	P.O. No.: <u>2021-05-027</u>
Address: _____	Date: <u>MAY 25 2021</u>
TIN: _____	Mode of Procurement: _____

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

Place of Delivery: _____	Delivery Term: _____
Date of Delivery: _____	Payment Term: _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	piece	head cover	50		
	piece	isolation gown	50		
	pair	shoe cover	50		
	gallon	alcohol (4L)	8		
Total					<u>13,192.00</u>

(Total Amount in Words) THIRTEEN THOUSAND ONE HUNDRED NINETY TWO DOLLARS

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:

RUTH E. FERRER RIVERO
Signature over Printed Name of Supplier

02 JUN 2021
Date

Very truly yours,

JOSE ROBERTO R. NUÑEZ
Regional Director

Fund Cluster: _____
Funds Available: _____

JEANETTE G. PETALINO
Special Disbursing Officer

ORS/BURS No. : _____
Date of the ORS/BURS: _____
Amount : _____