



Republic of the Philippines  
 Department of National Defense  
**OFFICE OF CIVIL DEFENSE VI**

Camp Gen. Martin Teofilo B. Delgado, Fort San Pedro, Iloilo City  
 TELEFAX: (033) 337-6671/336-9353 EMAIL ocdrc6@gmail.com

**PURCHASE ORDER**

Supplier : <u>Iloilo Yca-Dale Trading</u>	P.O. No. <u>2020-12-0001</u>
Address : <u>#32 J.M. Basa Street, Iloilo City</u>	Date : <u>DEC 11 2020</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
		Provision of various medical supplies to continuously support the ongoing response operations of OCD VI			
	bottle	Alcohol	500		
	box	Face Mask	500		
	pc	Face Shield	500		
		Specifications:			
		<b>500 bottle ALCOHOL</b>			
		• 250 ml			
		• 70% solution			
		<b>500 box FACE MASK:</b>			
		• 3 ply			
		• 50 pcs./box			
		<b>500 piece FACE SHIELD</b>			
		<b>DELIVERY POINT:</b>			
		• OCD VI Office, Camp Martin Teofilo B. Delgado, Fort San Pedro, Iloilo City			
		• Supplier must submit sample on each items before mass production			
		<b>DELIVERY DATE:</b>			
		• Ten (10) Calendar Days after receipt of Purchase Order and NOA			
		<b>SEND BILL Policy</b>			

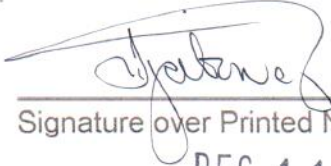
Estimated Amount

P 167,250.00

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 on the undelivered item/s.

Conforme:

Very truly yours,



Signature over Printed Name of Supplier

DEC 11 2020

Date



JOSE ROBERTO R. NUÑEZ

Regional Director

Fund Cluster : \_\_\_\_\_

Funds Available : \_\_\_\_\_



JEANETTE G. PETALINO

Accountant/Head of Accounting Division/Unit

ORS/BURS No. : \_\_\_\_\_

Date of the ORS/BURS: \_\_\_\_\_

Amount : \_\_\_\_\_