

## Republic of the Philippines ZAMBOANGA CITY WATER DISTRICT Zamboanga City

## PURCHASE ORDER (PO)

Supplier	. 3	RC LIM MARKETING	-			
Address	2	Bel Air Atilano Loop, Veterans Avenue, Zmboanga City			P.O. No.	: 14499
Email address	:	Scop, votations Avenue, Zimpoanga City			_Date Mode of	: 12/10/2021
Telephone No.	No. : 955-1486/ 990-2750				Procurement	Newstisted
TIN					_ Frocurement	: Negotiated
Continue					• ,	Procurement (Small Value)
Gentlemen/Ladies	: -					(Sinal value)
riease rumish this	Office th	e following articles subject to the terms and conditions contained herein.				
Place of Delivery Date of Delivery	:	: Property Section, ZCWD Motorpool, Pasonanca, Z.C.			Delivery Term	: 45-CD
Date of Delivery					Payment Term	: 10 00
STOCK NO.	ITEM#	DESCRIPTION	OTV	LIOM	LUNETOOOT	Mount
10404990	1	SURGICAL MASKS, 3-PLY (50 per box) FDA	QTY.	UOM	UNIT COST	AMOUNT
Pr -	2	ALCOHOL, ETHYL, 68%-72%, 1 GALLON	8,422	pcs	Php 1.68	Php 14,148.96
			180	gallons	Php 365.00	Php 65,700.00
		Note: FDA APPROVED				
	XXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				
	-	( Details Attached )				
	-	Purpose: Monte for aut.				s
		Purpose: Masks for protection against COVID 19 for ZCWD Employees				92)
		Alcohol for Hand Sanitation and Disinfection of ZCWD Employees and Customer Chargeable to HRD Budget				13
		Employees and Customer Chargeable to HRD Budget	9			
		Note: Delivery of Items/Units must be accompanied with Original Copy				
		of P.O., Charge Invoice or Credit Invoice for reference.				
		Service of Global Invoice for releasing.	1.00			
		Note: Warranty Period: 3 months for Expendable supplies after				
		acceptance by the procuring entity.				
			3			
		Price Validity: 120 CD				
		Payment Terms: No COD				
Total Amount in W	/ords	SEVENTY NINE THOUSAND EIGHT HUNDRED FORTY EIGHT PESOS	AND OG/	100		Db. 70.040.00
in case of failure	e to make	the full delivery within the time specified above, a penalty of one-tenth	A10 301	100		Php 79,848.96
(1/10 ) of one (1%) p	ercent for	every day of delay shall be imposed.				
					Very tr	uly yours,
		FOR AND	INI THE	= ARSEI	NCE MAN	Cabilin Reynaldo Raygon Date: 2021.12.14
		TOTCAINE	2 114 1111	LADOLI		12:14:34 +08'00'
						EY D. VASQUEZ
					Genera	l Manager
Conforme	:					
		Signature over Printed name of Supplier				
		49 months and an analysis of the control of the con				
		Date				
Funds Available	•				ALOBS No.	,
					Amount	
		LOISAWEE			P.R. No.	: 21-0126
		DMA - Accounting & Freasury Department	V		Date of PR .	: 11/02/2021
This form should I	be prepare	ed in 5 copies. Copy 1 - Original to be attached to Voucher for payment; Copy 2 - A	ccounting	Section;		