



Republic of the Philippines
ZAMBOANGA CITY WATER DISTRICT
 Zamboanga City

PURCHASE ORDER (PO)

Supplier :	DRA. DELMA TAN USMAN, MD	P.O. No. :	14659
Address :	Rm 136, Medicowing, Zamboanga City Doctors Hospital, Z.C.	Date :	January 06, 2023
Email address :		Mode of Procurement :	Negotiated
Telephone No. :	09176346912		Procurement (Small Value)

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

Place of Delivery :	ZCWD Main Office, Pilar St., Z.C.	Delivery Term :	:
Date of Delivery :		Payment Term :	

STOCK NO.	ITEM #	DESCRIPTION	QTY.	UOM	UNIT COST	AMOUNT
502 119 9001 8	1	Professional Services: Retainer Physician a. Render services twice a week at the ZCWD clinic at Pilar Street this city. b. Render prompt treatment illnesses/injuries not requiring hospital admission or emergency room management to regular workers at ZCWD's clinic, referrals for treatment and follow-up to qualified medical specialists or to the hospital emergency room when appropriate or necessary; c. Conduct periodic examinations of all regular workers including the annual physical examination, transfer or exit physical examination or any other emergency; d. Certifies the medical capacity of an employee to render services and/or declares an employee to be medically unfit by reason of communicable disease or of the same nature which endangers the work place; e. Assess a regular employee's ability to return to work following an illness or injury and advice management of changes in the employee's capabilities to work so that work accommodations can appropriately reviewed and revised; f. Maintain a recording and reporting system of all media cases and analyze data. Submits reports to management as required or requested; g. Assist management in the selection of medicines, medical supplies and equipment consistent with the needs of the establishment and its employees with the consideration for cost and control; h. Coordinate with the other healthcare professionals and/or agencies such as the City Health Office for reportable disease and other medical cases that require further referral of regular workers such healthcare professionals and/or agencies; and i. Develop and maintain a clinic operations system for clinic physician/nurse to follow and discharge the functions in accordance to the policies and procedural guidelines in administration of health and medical benefits of ZCWD.	1	lot	16,500 / month	Php 181,500.00
		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (Details Attached)				
		Contract Period: February 01, 2023 to December 31, 2023.				

----- continue on next page -----

PURCHASE ORDER (PO)

Supplier :	DRA. DELMA TAN USMAN, MD	P.O. No. :	14659
Address :	Rm 136, Medicowing, Zamboanga City Doctors Hospital, Z.C.	Date :	January 06, 2023
Email address :		Mode of :	
Telephone No. :	09176346912	Procurement :	Negotiated
TIN :			Procurement
			(Small Value)

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


Place of Delivery :	ZCWD Main Office, Pilar St., Z.C.	Delivery Term :	
Date of Delivery :		Payment Term :	

STOCK NO.	ITEM #	DESCRIPTION	QTY.	UOM	UNIT COST	AMOUNT
		Purpose: For Retainer Physician of the Zamboanga City Water District for the period from February 01, 2023 to December 31, 2023. Note: Delivery of Items/Units must be accompanied with Original Copy of P.O., Charge Invoice or Credit Invoice for reference. Note: Warranty Period: 3 months for Expendable supplies after acceptance by the procuring entity. Price Validity: 120 CD Payment Terms: No COD				

Total Amount in Words **ONE HUNDRED EIGHTY ONE THOUSAND FIVE HUNDRED PESOS** Php **181,500.00**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1%) percent for every day of delay shall be imposed.

Very truly yours,


ATTY. MARK ALLEN M. PAREDES
 AGM Finance Group

Conforme : _____
 Signature over Printed name of Supplier

 Date

Funds Available :		ALOBS No. :	
		Amount :	
		P.R. No. :	22-0274
		Date of PR :	December 01, 2022

This form should be prepared in 5 copies. Copy 1 - Original to be attached to Voucher for payment; Copy 2 - Accounting Section; Copy 3 - BAC; Copy 4 - End Users; Copy 5 - File.