

Republic of the Philippines ZAMBOANGA CITY WATER DISTRICT Zamboanga City

PURCHASE ORDER (PO)

Supplier and wood	CWD a	ZAMBOANGA CITY MEDICAL CENTER	to los		P.O. No. Date	14682 March 07, 2023
ddress	:	Dr. Evangelista St., Sta. Catalina, Zamboanga City			Mode of	Widion U1, 2023
mail address	sion ma	991-2934 / 0917-715-3016	nerror Aafen		Procurement	Agency to Agenc
elephone No.	Suchibus	991-2934 / 0917-7 15-3010	16/50	910150 1811	1 TOOUTOTION	(Sec. 53.5)
iboanga City	ca, Zan	the job shart be made to or at ZCMT2 Property Section Pasonan	10c 01	Berromag	of the items or	5. Delivery
Gentlemen/Ladies	oele mo	nce made; and b) copy of PO. The foregoing documents shall sum	forma	very / per	or the actual deli	invoice fi
Please furnish this	Office th	e following articles subject to the terms and conditions contained herein.				
Place of Delivery	:	ZCWD Water Treatment Plant, Pasonanca, Z.C.	400		Delivery Term	: 30-CD
Date of Delivery	dr vd b	attington but V exitations of the GVOV to streets income	4	201111111111111111111111111111111111111	Payment Term	Og sidt I
STOCK NO.	ITEM#	DESCRIPTION	QTY.	UOM	UNIT COST	AMOUNT
STOCK NO.	II CIVI #	Water Analysis for ZCWD Samples	/ / / /	nol reces	ice security are	amolteq
50203130		the supplier / Contractor, if not yet sent to ZCWD prior to fine	ned b	t duly si	Notice of Awar	priney00
3020 51 70	1	Microbiological Test: borned bedroseed bis	600	samples	Php 700.00	Php 420,000.0
8		50 Samples per month for 12 months		d a purc	who has accepta	2. Supplier
his delivery.	bogg e	BRAND & MODEL OFFERED: Enzyme Substrate Test (Qualitative) Physical and Chemical Analysis (Mandatory Parameters)	48	samples	Php 2,540.00	Php 121,920.0
be cancelled	2 70	4 samples per month for 12 months	40	Samples	Filp 2,340.00	121,320.0
the required		BRAND & MODEL OFFERED: Mandatory (DOH)		nurce(s)	om such other s	item(s) fi
bids of the	YYY	T BRAND & MODEL OFFERED. Intelligence of the process of the proces	XXXX	supplier	f the defaulting	Refusal o
	AARA	(Details Attached)	MIT OT	prejudica	I items, without	same or a
med to be in h as freight.		Period Coverage: April 01, 2023 to March 31, 2024.		d in this molusive	nerwise specifie pines Currency	3. Unless of the Philip
		Purpose: For the monthly requirement of ZCWD analysis		to desti	and insurance up	handling
and to final		on are subject inspection by the COA Auditor or his represe		supplied	uipment/Service	4. Goods/Eq
be returned brice to that		Note: Delivery of Items/Units must be accompanied with Original Copy of P.O., Charge Invoice or Credit Invoice for reference.	itenni contr	Rejecter e-done a	c by the ZCWB r's expense or	acceptand at supplie
		the service of the control of the co				effect.
all be based	la ti tad	Note: Warranty Period: 3 months for Expendable supplies after	e ZC	ade by	ment may be r	5. Partial pa
los	m 8 her	acceptance by the procuring entity.	eceive	ance as	delivery/perform	on actual
default have	before	Price Validity: 120 CD looned) noncolleges and thW (1811 vino below	pe ext	iod shall	performance per	6. Delivery
em 1 of the	th in it	Downood Torms: No COD	CAUSE	delay is	rred, b.) When	been incu
		CW) X yd lewngga nathaw nogU (3)	Ditts 5.	BELLIOTIS	Tily is an act the St	ObJunem
e liquidated	o impo	erform within the prescribed period shall authorize the ZCWD invoice value. The said liquidated damages is equivalent to 1/	ver/ p	e to de	ontractor's fails	7. Supplier/
Total Amount in V	lords	FIVE HUNDRED FORTY ONE THOUSAND NINE HUNDRED TO				
In case of failure	e to make	the full delivery within the time specified above, a penalty of one-tenth	77	112000	pil to announce of	1110 011,020.0
(1/10) of one (1%) p	ercent for	every day of delay shall be imposed.				
					the conditions o	8 Subject to
					very	uuly yours,
						-/A
					ATTY, MARK A	LLEN M. PAREDES
					AGME	nance Group
					in case (Action)	7
Conforme	dr at or					
Comornic	(Signature over Printed name of Supplier				
		Date				
		8v:			AL ODO AL	
Funds Available	ngså bs	ShortuA to amount of 124			ALOBS No. Amount	:
		LUISA. WEE			P.R. No.	23-0015
		DMA - Accounting & Treasury Department			Date of PR	January 17, 202
			4	t' 0 t'		7
This form should	be prepa	red in 5 copies. Copy 1 - Original to be attached to Voucher for payment; Copy 2	 Accou 	inting Section	n;	