



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

**PURCHASE ORDER (PO)**

|                 |   |               |                         |
|-----------------|---|---------------|-------------------------|
| Supplier :      | <u>ZAMBOANGA CITY MEDICAL CENTER</u>                      | P.O. No. :    | <u>14682</u>            |
| Address :       | <u>Dr. Evangelista St., Sta. Catalina, Zamboanga City</u> | Date :        | <u>March 07, 2023</u>   |
| Email address : |   | Mode of :     |                         |
| Telephone No. : | <u>991-2934 / 0917-715-3016</u>                           | Procurement : | <u>Agency to Agency</u> |
| TIN :           |   |               | <u>(Sec. 53.5)</u>      |

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

|                     |  |                 |              |
|---------------------|--|-----------------|--------------|
| Place of Delivery : | <u>ZCWD Water Treatment Plant, Pasonanca, Z.C.</u> | Delivery Term : | <u>30-CD</u> |
| Date of Delivery :  |  | Payment Term :  |              |

| STOCK NO.                    | ITEM # | DESCRIPTION   | QTY. | UOM     | UNIT COST    | AMOUNT                |
|------------------------------|--------|---|------|---------|--------------|-----------------------|
| 50203130<br>SK               | 1      | Water Analysis for ZCWD Samples<br>Microbiological Test:<br>50 Samples per month for 12 months<br>BRAND & MODEL OFFERED: Enzyme Substrate Test (Qualitative)  | 600  | samples | Php 700.00   | Php 420,000.00        |
|                              | 2      | Physical and Chemical Analysis (Mandatory Parameters)<br>4 samples per month for 12 months<br>BRAND & MODEL OFFERED: Mandatory (DOH)<br>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>(Details Attached)<br><br>Period Coverage: April 01, 2023 to March 31, 2024.<br><br>Purpose: For the monthly requirement of ZCWD analysis<br><br>Note: Delivery of Items/Units must be accompanied with Original Copy of P.O., Charge Invoice or Credit Invoice for reference.<br><br>Note: Warranty Period: 3 months for Expendable supplies after acceptance by the procuring entity.<br><br>Price Validity: 120 CD<br>Payment Terms: No COD | 48   | samples | Php 2,540.00 | Php 121,920.00        |
| <b>Total Amount in Words</b> |        | <b>FIVE HUNDRED FORTY ONE THOUSAND NINE HUNDRED TWENTY PESOS</b>  |      |         |              | <b>Php 541,920.00</b> |

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 : | <br><b>LUISA A. WEE</b><br>DMA - Accounting & Treasury Department | ALOPS No. :  | _____                   |
|                   |   | Amount :     | _____                   |
|                   |   | P.R. No. :   | <u>23-0015</u>          |
|                   |   | Date of PR : | <u>January 17, 2023</u> |

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.