Republic of the Philippines

ZAMBOANGA CITY WATER DISTRICT

Zamboanga City

PURCHASE ORDER (PO)

Supplier	:	ZAMBOANGA CITY MEDICAL CENTER	P.O. No.	:	14837
Address	:	Dr. Evangelista St., Sta. Catalina, Zamboanga City	Date	:	February 16, 2024
Email address	:		Mode of		
Telephone No.	:	991-2934 / 0917-715-3016	Procurement	:	Agency to Agency
TIN	:				(Sec. 53.5)

Gentlemen/Ladies :

Please furnish this Office the following articles subject to the terms and conditions contained herein.

Place of Delivery	:	ZCWD Water Treatment Plant, Pasonanca, Z.C.	Delivery Term	:	
Date of Delivery	:		Payment Term	:	

STOCK NO.	ITEM #	DESCRIPTION	QTY.	UOM	UNIT COST	AMOUNT
SO 203130		Water Analysis for ZCWD Samples				
	1	Microbiological Test 50 Samples per month for 12 months BRAND & MODEL OFFERED: Enzyme substrate (Presence/Absence)	600	samples	Php 700.00	Php 420,000.00
	2	Physical and Chemical Analysis (Mandatory Parameters) 4 Samples per month for 12 months BRAND & MODEL OFFERED: As, Pb, Cd, NO_3, pH, R-Cl_2, Color, TDS, TURB	48	samples	Php 2,690.00	Php 129,120.00
		xxxxxxxxxxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxxxxxxx (Details Attached)				
		Period Coverage: April 01, 2024 to March 31, 2025.				
		Purpose: For the montly requirement of ZCWD analysis				
		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		FIVE HUNDRED FORTY NINE THOUSAND ONE HUNDRED TWENTY PESOS				Php 549,120.00

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,

REYNALDO R. CABILIN, MPA
Acting General Manager

Conforme :

Signature over Printed name of Supplier

Date

Funds Available	:		ALOBS No.	:
			Amount	:
			P.R. No.	24-0013
LUIS A. WEE			Date of PR	January 12, 2024
DMA - Accounting & Treasury Department				

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.