

PURCHASE ORDER (PO)

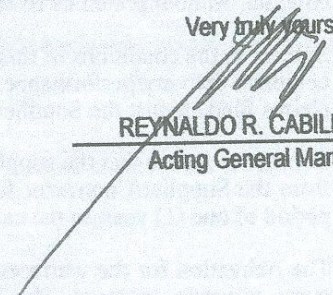
Address : ZAMBOANGA CITY MEDICAL CENTER	P.O. No. : 14837
Email address : Dr. Evangelista St., Sta. Catalina, Zamboanga City	Date : February 16, 2024
Telephone No. : 991-2934 / 0917-715-3016	Mode of Procurement : Agency to Agency (Sec. 53.5)
TIN : _____	


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 : _____

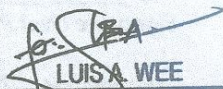
STOCK NO.	ITEM #	DESCRIPTION	QTY.	UOM	UNIT COST	AMOUNT
50203/20 8	1	Water Analysis for ZCWD Samples Microbiological Test 50 Samples per month for 12 months BRAND & MODEL OFFERED: Enzyme substrate (Presence/Absence)	600	samples	Php 700.00	Php 420,000.00
	2	Physical and Chemical Analysis (Mandatory Parameters) 4 Samples per month for 12 months BRAND & MODEL OFFERED: As, Pb, Cd, NO ₃ , pH, R-Cl ₂ , Color, TDS, TURB xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (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	48	samples	Php 2,690.00	Php 129,120.00
Total Amount in Words						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 : _____

AFDAL M. KUNTING, MC
MEDICAL CENTER CHIEF II
Signature over Printed name of Supplier

28 FEB 2024
Date

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

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