

PURCHASE ORDER
 PROVINCIAL HEALTH OFFICE, NEW CAPITOL BUILDING, TAGBILARAN CITY
 Agency/Procuring Entity

PHO 13

Supplier : **DEXTEL TRADING** D.O. No. : **P.O. # - PHO - 2021 - 195**
 Address : **0410, Tamblot Street, Cogon District, Tagbilaran City** Date : **September 17, 2021**
 Telephone No. : _____ Mode of Procurement : **Negotiated Canvass thru Emergency Cases**
 TIN : _____

Gentlemen/Mesdames:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:
 Place of Delivery: **GOVERNOR'S OFFICE, NEW CAPITOL BUILDING, TAGBILARAN CITY** Delivery Term: Please Read Terms & Conditions at the back hereof.
 Date of Delivery : **FIVE (5) DAYS AFTER RECEIPT OF NOTICE TO PROCEED** Payment Term: Upon Completion of Delivery
 Warranty Period: **THREE (3) MONTHS**

Item No.	QTY	UNIT	DESCRIPTION OF SUPPLIES	UNIT COST	AMOUNT
1	300	boxes	Syringes with needles 0.5 ml 23G x 1", 100/box	1,348.00	404,400.00
2	50	packs	Gauze 4 x 4 x 4	148.00	7,400.00
3	2000	pcs	Lab/Blue Gown, disposable	118.00	236,000.00
4	60	gal	Alcohol, 1 gallon	548.00	32,880.00
5	45	boxes	Face mask, disposable	248.00	11,160.00
6	20	boxes	Clean gloves, M, powder free, latex, 100s	548.00	10,960.00
7	20	boxes	Clean gloves, L, powder free, latex, 100s	548.00	10,960.00
8	20	packs	Head Gear, disposable, 100s	488.00	9,760.00
			X-X		
			TOTAL > > >		723,520.00
					VVVVVVVV

(total amount in words) **SEVEN HUNDRED** *ok for sign* **THOUSAND FIVE HUNDRED TWENTY PESOS ONLY**
 In case of failure to make the full delivery within the of one (1) percent for everyday of delay shall be imposed a penalty of one-tenth (1/10)

Conforme: _____ Very truly yours, _____
DEXTEL TRADING **ATTY. ARTHUR C. YAP**
 Signature over printed name of Supplier Governor
 Date: **SEP 29 2021** Date approved: **SEP 17 2021**

Funds Available: _____ Earmarked No. : **2115**
EUSTAQUIO A. SOCORIN Amount : **P 728,550.00**
 Provincial Treasurer