Standard Form Number: SF - GOOD-58

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Revised on: May 24, 2004

Standard Form Title: Purchase Order

Negotiated Canvass No. - PHO - 2021 - 302/ Purchase Request No. - PHO - 2021 - 386 /

BOHOL

PURCHASE ORDER

City of Tagbilaran

Service of Street Street.

PROVINCIAL HEALTH OFFICE, NEW CAPITOL BUILDING, TAGBILARAN CITY
AgencylProcuring Entity

						Pa053-
Supplier :			GOLDEN AI TRADING	D.O. No. :	P.O. # - PH	O - 2021 - 302
Address : 0144			l, Janssen Heights, Dampas District, Tagbilaran City	Date :	: December 01, 2021	
Telephone No.:			IA TORON TO SECTION SECTION	— Mode of	Negotiated	Canvass thru
TIN : Gentlemen/Mesdames:			A STATE OF THE STA	Procurement :	Emergency Cases	
				_		
Place of Delivery:		h this Office the following articles subject to to PROVINCIAL HEALTH OFFICE, NEW CAPITOL BUILDING, TAGBILARAN CITY FIVE (5) WORKING DAYS UPON RECEIPT OF NOTICE TO PROCEED THREE (3) MONTHS		the terms and conditions contained herein: Delivery Term: Please Read Terms & Conditions at the back hereof. Payment Term: Upon Completion of Delivery		
Barra Maria	OTV. I		D (E) server amother a reserver			
Item No.	QTY	UNIT	DESCRIPTION OF SU	JPPLIES	UNIT COST	AMOUNT
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	252	gals.	Distilled Water, 4L/Gal - Nature's Spring	/	77.00	19,404.00
	177.00%	EN HEST	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	X-X-X-X-X-X	V 300 V 1 (-3)	VVVVVVVV
otal amount in case of core (1) per	of failure to	make the	NINETEEN THOUSAN full delivery within the time specified abov delay shall be imposed.	D FOUR HUNDRED FO re, a penalty of one-tenth	UR PESOS ONLY (1/10)	
onforme:	oont for GV	cryddy or	delay shall be imposed.	Very truly yours,		
				very truly yours,		
	X			vory truly yours,		
()		DEN ALTI			ARTHUR C. YAP	
(Sig	nature over	e r prin ted r	name of Supplier		ARTHUR C. YAP Governor	
(Sig	nature over		name of Supplier	ATTY.	Governor	
Notice to	gnature over	e r prin ted r	name of Supplier	ATTY. By Autho ATTY. KATH		nor UINTO
Sig	gnature over	e r prin ted r EC 09	name of Supplier	By Autho ATTY. KATH Provin Date approved:	Governor rity of the Governor KINFE D. PIOQUE cial Administrator C 0 9 202	nor <u>UINTO</u>
Inter to	pnature over	EC 0 S Date	name of Supplier 2021	By Autho ATTY. WATH Provin Date approved: Earmarked No.:	rity of the Governor RINFED. PIOO cial Administrator EC 09 202	UINTO
Inter to	pature over D	e r prin ted r EC 09	name of Supplier 2021 SOCORIN	By Autho ATTY. KATH Provin Date approved:	Governor rity of the Governor KINFE D. PIOQUE cial Administrator C 0 9 202	UINTO