

PURCHASE ORDER

TINGLAYAN, LGU

Supplier:	Seasonal Harvest Enterprises	P.O. No.:	2170-09-058 A
Address:	Poblacion, Tinglayan kalinga	Date:	9-8-20
Gentlemen:		Mode of Procurement:	

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:			Delivery Item:		
Date of Delivery:			Payment Term:		
Item No.	Qty.	Unit of Issue	Item Description	Unit Cost	Amount
1.	20	Pcs.	Single Foam 2 inch uratex with cover	1,750.00	35,000.00
2	24	pcs	Pillows with pillowcase	200	4,800.00
3	20	pcs	blanket	300	6,000.00
4	10	Pcs.	Bed sheet single	200	2,000.00
5					
6					
7					
8					
9					
10					
11.					
12					
13.					
					P47,800.00

Total amount in words: For Isolation Unit

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.

Conforme:		Very truly yours,	
_____ Signature Over Printed Name		Atty. SACRAMENTO GUMILAB Authorized Official	
_____ Date		Atty. SACRAMENTO GUMILAB	
(In case of negotiable purchase pursuant to section 369 (a) of RA 7160, this portion must be accomplished.) Approved to be purchased thru negotiable purchase per Sanggunian Re. No. _____ Sanggunian Res. No. _____ Certified Correct: _____ Sec. to the Sanggunian	Requisitioning Office/Department	Funds Available: Amount: R.O.No.:	
	Dr. AITE CARENS. LIW-AGAN Municipal Health Officer	PRESENTACION A. ODIEM, CPA Municipal Accountant	