

PURCHASE ORDER
METRO ROXAS WATER DISTRICT

Supplier: LMH MEDICAL SUPPLY DISTRIBUTOR *am* P.O.No.: 20-06-074
 Address: #40 G/F Capiz Business Center, Tiza Roxas City Date: 05 JUN 2020
 TIN: _____ PR No.: 20-05-084
 Mode of Procurement: Negotiated Procurement Date: May 18, 2020

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

Place of Delivery: MRWD Bldg., Km.1, Roxas City Delivery Term: within 7 days
 Date of Delivery: _____ Payment Term: 30 days

Stock No	Unit	Description	Quantity	Unit Cost	Total Amount
1	gal	Ethyl Alcohol (70% solution) (Maridan)	50	850.00	42,500.00
	box	Disposable Nitrile latex gloves (100 pcs/box) (Glomed)	10	550.00	5,500.00
	box	Disposable Masks (3ply) (50pcs/box) (Panamed)	15	950.00	14,250.00
				TOTAL >>>	P62,250.00

Sixty Two Thousand Two Hundred Fifty Pesos Only P62,250.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme: *h: Gualayan* LMH MEDICAL SUPPLY DISTRIBUTOR Very truly yours, GONZALO GLEN B. DELGADO
 Signature over Printed Name of Supplier General Manager B
 Date 6-11-20

Fund Cluster : _____ ORS/BURS No. : _____
 Funds Available : _____ MA. ROSARIO MOSES D. ALBA Date of the ORS/BURS: _____
 Division Manager B
 Accounting Division Amount : _____

am
6/18/20