



PURCHASE ORDER
BUREAU OF THE TREASURY
 Intramuros, Manila
 Telefax No.: 524-7008

Appendix 61

Supplier :	OTANER DENTAL AND MEDICAL DISTRIBUTION, INC.	P.O. No. :	2023-02-0025		
Address :	Rm. 610A, 6th Floor Doña Felisa Syjuco Bldg., Remedios cor. Taft Avenue, Malate, Manila	Date :	February 3, 2023		
Contact Nos.:	8526-2911, 8526-3870 (Fax), 0917-713-8105	Mode of Procurement :	Negotiated Procurement		
Email Add.:	rsia@prosapac.com				
TIN:	009-271-384-000				
Gentlemen: Please proceed with the Supply and Delivery of One (1) Box of Lidocaine HCl Epinephrine in the amount of Php1,980.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery :	Ayuntamiento Building, Intramuros, Manila	Delivery Term:	Thirty (30) Calendar days from receipt of Purchase Order		
Date of Delivery:	-	Payment Term :	30 days		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND DELIVERY OF ONE (1) BOX OF LIDOCAINE HCl EPINEPHRINE , composed of the following: LIDOCAINE HCl EPINEPHRINE , 20mg/ml (2%/1:80,000, solution for injection (local infiltration), 50 cartridges/box <div style="text-align: center;">---Nothing Follows---</div>	1	-	-
	box		1	1,980.00	1,980.00
		TOTAL			1,980.00
(Total Amount in Words): ONE THOUSAND NINE HUNDRED EIGHTY PESOS AND (00/000)					
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 on the undelivered item/s.					
Conforme:			Very truly yours,		
_____ Signature over Printed Name of Supplier			<u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official		
_____ Date			OIC, Administrative Service Designation		
Fund Cluster : _____ Funds Available : _____			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		
_____ <u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit					