Appendix 61

Funding the Republic

PURCHASE ORDER

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

Supplier :	**NEW CITIZEN'S DENTAL SUPPLY AND GENERAL MERCHANDISE**	P.O. No. :	**2023-04-0089**
Address :	655 P. Paterno St., Quiapo, Manila	Date :	April 28, 2023
Tel. No.:	8733-2977 loc. 222	Mode of Procurement :	Negotiated Procurement
Fax No.:	8733-2977 loc. 222		
TIN :	103-794-486-000		

Gentlemen:

Please proceed with the Supply and Delivery of Various Dental Supplies in the amount of Php 10,850.00 (VAT inclusive) following the terms and conditions stated herein:

Place of Delivery :	Ayuntamiento Bldg., Cabildo St. cor. A. Soriano Ave., Intramuros, Manila	Delivery Term:	30 CD 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 VARIOUS DENTAL SUPPLIES,** composed of the following:	1	-	-
	boxes	**Disposable Nitrile Gloves,** 100 pcs/box, size: Small **Gloveon Nitrile 50 pairs/box**	6	600.00	3,600.00
	packs	**Dental Bib/Poly Bib,** 3-ply, 100 pcs/box **2-ply**	3	300.00	900.00
	boxes	**Dental Nylon Prophylaxis Brush,** 100 pcs/box	2	450.00	900.00
	bottles	**Povidone Iodine Gargle,** 120 ml/bottle **Betadine**	6	300.00	1,800.00
	boxes	**Sterilization Pouch,** 200 pcs/box, Size: 2.25 x 5"	2	350.00	700.00
	boxes	**Sterilization Pouch,** 200 pcs/box, Size: 2.75 x 10"	2	400.00	800.00
	boxes	**Sterilization Pouch,** 200 pcs/box, Size: 3 ½" x 10"	3	400.00	1,200.00
	box	**Sterilization Pouch,** 200 pcs/box, Size: 5 ½" x 10"	1	950.00	950.00
		--- Nothing Follows ---			
		TOTAL			**10,850.00**

(Total Amount in Words) **TEN THOUSAND EIGHT HUNDRED FIFTY PESOS AND (00/00)**

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 on the undelivered item/s.

Conforme:

_____
Signature over Printed Name of Supplier

_____
Date

Very truly yours,

ATTY. RAYMUNDO U. TAN (Sgd.)
Signature over Printed Name of Authorized Official

OIC, Administrative Service
Designation

Fund Cluster : _____
Funds Available : _____

ROWENA R. GAMBA (Sgd.)
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. : _____
Date of the ORS/BURS: _____
Amount : _____