



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. :	2024-05-0078
Address :	655 P. Paterno St., Quiapo Manila	Date :	May 09, 2024
Contact No.:	8-733-29-77 local 222	Mode of Procurement :	Negotiated Procurement
Email Add.:	contact@ncdsdental.com		
TIN:	103-794-486-000		

Gentlemen:

Please proceed with the Supply and Delivery of Various Dental Supplies in the amount of Php13,690.00 (VAT inclusive) following the terms and conditions contained herein:

Place of Delivery :	Ayuntamiento Building, Intramuros, Manila	Delivery Term:	Within Thirty (30) calendar days from the receipt of approved PO
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	-	-
	packs	Cotton Rolls #1, 500's pcs./bag	2	195.00	390.00
	packs	Cotton Rolls #2, 600's pcs./bag	2	295.00	590.00
	pcs	Dental Burnisher, Amalgam burnisher	3	120.00	360.00
	pcs	Dental Dappen Dish Glass	3	65.00	195.00
	pcs	Dental Diamond Bur Fissure	9	70.00	630.00
	pcs	Dental Diamond Bur Flame (Resto)	9	65.00	585.00
	pcs	Dental Diamond Bur Round (smallest)	9	65.00	585.00
	pcs	Dental Diamond Bur Straight (resto)	9	65.00	585.00
	pcs	Dental Floss, Metrosen 70 meters	3	80.00	240.00
	pcs	Dental Matrix Band Holder (Toffelmire)	3	210.00	630.00
	set	Dental X-ray Film Washer Clip (6 clips stainless per set)	1	450.00	450.00
	packs	Disposable Paper Cups (50pcs./pack), 7oz.	9	125.00	1,125.00
	packs	Hair Cap/Bouffant Head Cap (100pcs./pack)	3	180.00	540.00
	pc	IMS Scissor Curve	1	700.00	700.00
	pc	IMS Scissor Straight	1	700.00	700.00
	bottles	Providone Iodine Gargle 120ml	6	280.00	1,680.00
	boxes	Sterilization Pouch (2 ½ x 5), 200's	3	350.00	1,050.00
	boxes	Sterilization Pouch (3 ½ x 10), 200's	2	320.00	640.00
	boxes	Sterilization Pouch (5 ½ x 12), 200's	2	520.00	1,040.00
	boxes	Sterilization Pouch (2 ¾ x 10), 200's	3	325.00	975.00
		---Nothing Follows---			
		Reference: PR No. 2024-04-0134 For the Medical and Dental Clinic			
		TOTAL			13,690.00

(Total Amount in Words): THIRTEEN THOUSAND SIX HUNDRED NINETY PESOS AND (00/100)

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

Date

ATTY. RAYMUNDO U. TAN (Sgd.)

Signature over Printed Name of Authorized Official

Director III, 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 : _____