



Republic of the Philippines
Department of Health
Baguio General Hospital and Medical Center
Baguio City

Procurement Management Office
PURCHASE ORDER

Form No. : HS- PS - 006
Revision No. : 1
Effectivity Date : September 1, 2016

Supplier : **STERITEX MEDICAL SYSTEM**
Address : **7TH GATE, ST. QUINTIN ST., ST. DOMINIC CORINTHIAN, DOLORES, CITY OF SAN FERNANDO, PAMPANGGA**

Purchase Order No.: **2020-07-1388**
Purchase Order Date: **July 16, 2020**
Mode of Procurement: **Small Value Procurement**

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

Place of Delivery : **BGHMC Stock Room** Delivery Term: **FOB Destination**
Date of Delivery: **15 Working Days** Payment Term: **Charge**

Stock Number	Unit	Quantity	Description	Unit Cost	Amount
	box	675	Gloves, Clean Large Size, natural rubber latex, smooth surface, beaded cuff, high strength and elasticity, Powder Free 100/Box BRAND : GLOMED	P 439.50	P 296,662.50
	box	675	Gloves, Clean Medium Size, natural rubber latex, smooth surface, beaded cuff, high strength and elasticity, Powder Free, 100/Box BRAND : GLOMED	P 439.50	P 296,662.50
	box	675	Gloves, Nitrile Examination, large, disposable, powder free, ambidextrous, Powder Free, non sterile, 100pcs/box BRAND : DRACHOICE	P 439.50	P 296,662.50

RECEIVED
BY: [Signature]
TIME: 3:00
DATE: 30 JUL 2020

PROCUREMENT MANAGEMENT OFFICE RECEIVED
BY: [Signature]
DATE: 7/28/20

ACCOUNTING SECTION RECEIVED
DATE: 17 JUL 2020
BY: 2081
DOH-BGHMC

ACCOUNTING SECTION RECEIVED
DATE: 21 JUL 2020
BY: 2084
DOH-BGHMC

ACCOUNTING SECTION RECEIVED
DATE: 27 JUL 2020
BY: 2151
DOH-BGHMC

FOR MATERIALS MANAGEMENT OFFICE USE

Total Amount in Words : **Eight hundred eighty-nine thousand nine hundred eighty-seven and 50/100 cents only** P 889,987.50

Non-delivery of the above mentioned item/s, partial or complete delivery, within the prescribed delivery term shall have the effect of cancellation of this Purchase Order and subsequent orders. In case you will be allowed to deliver beyond the term, partial or complete delivery, a penalty of one-tenth(1/10) of one percent (1%) for everyday of delay shall be imposed.

Conforme:
Signature Over Printed Name
Date

Very truly yours,
RICARDO B. RENEZ JR., MD, FPSC, MHA, CSEE
Medical Center Chief II
JUL 28 2020

Fund Cluster: **01**
Funds Available: **P 889,987.50**
CECILIA O. PUGONG, CPA
Accountant IV
Head Accounting Section

ORS / BURS NO.: **MOOE-02-101101-2020-07-705**
DATE ORS / BURS: **July 17, 2020**
Amount: **P 889,987.50**
PR NO. : **2020-07-1731 July 07, 2020**