



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH
City of Mandaluyong

PURCHASE ORDER

ACCOUNTING DIVISION
Date Received: 3/27/2020
057

Supplier: **VARIANCE TRADING CORPORATION**
Address: AGG-CT II Bldg. V. Luna Road Corner Matapat Street Barangay Pinyahan District 4 Quezon City
TIN No. _____
Tel No. 952-3075 / 952-1407; Fax No.: 952-9233

P. O. No **CA-013-2020**
Date **March 26, 2020**
Mode of Procurement **Cash Advance**

Gentlemen:

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

Place of Delivery **National Center For Mental Health, Mand. City**
Date of Delivery **w/in seven (7) days upon receipt of PO**

Delivery Term: _____
Payment Term: _____

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1	bottle	Borer / Decosept 1L (Propan-2-ol, Propan-1-ol, Benzyl-C12-16-Alkyl Dimethyl Ammonium Chloride), Hygeinic & Surgical Hand Disinfectant	500	1,100.00	550,000.00
					PHP 550,000.00
					vvvvvvvvvvvvvvvvvvvv
		FOR GENERAL USE (COVID-19)			

(Total Amount in Words) **FIVE HUNDRED FIFTY THOUSAND PESOS ONLY.**

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

Very truly yours,

BEVERLY A. AZUCENA, MD, FPPA, ICAPA, MMHoA
Chief, Medical and Profesional Staff II - Hospital Service

Conforme:

(Signature over printed name)

3/30/2020
Date

Retained Income
Funds 05200443

(Authorized Official)

Approved under Republic Act No. 9184
dated January 10, 2003

Fund Cluster : _____
Funds Available : **₱ 1,000,000 -**
DULCE B. VALERIO, CPA, MPA
Signature over Printed Name of Chief
Accountant/Head of Accounting Division/Unit

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