



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH
City of Mandaluyong

PURCHASE ORDER

Supplier **METRO DRUG INC.**
Address **Manalac Avenue Bagumbayan Taguig City**
TIN No. _____
Tel No. **802-7575 | Fax No.: 837-3044**

P. O. No **CA-023-2020**
Date **April 28, 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	box	Hydroxychloroquine 200mg tab, PLAQUENIL TAB 200mg 60's	2	4,632.00	9,264.00
					PHP 9,264.00
FOR GENERAL USE (COVID-19)					~~~~~

(Total Amount in Words) NINE THOUSAND TWO HUNDRED SIXTY FOUR 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

Conforme:

ANNE ALBERTO
(Signature over printed name)
Date **4/29/2020**

Very truly yours,

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

(Authorized Official)
Approved under Republic Act No. 9184
dated January 10, 2003

Retained Income
Funds 05206443

Fund Cluster : _____
Funds Available : _____

DULCE B. VALERIO, CPA, MPA
Signature over Printed Name of Chief
Accountant/Head of Accounting Division/Unit

ORS/BURS No. : **02-101-601-2020-04-0296**
Date of the ORS/BURS: **4/29/2020**
Amount : **₱ 9,264.-**