



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH
City of Mandaluyong

NAI
DIVISION
Date Received: 4/17/20
Received by: *[Signature]*

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-019-2020**

Date April 17, 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	3	4,632.00	13,896.00
		FOR GENERAL USE (COVID-19)			PHP 13,896.00
					XXXXXXXXXXXXXXXXXXXX

(Total Amount in Words) THIRTEEN THOUSAND EIGHT HUNDRED NINETY SIX 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 *[Signature]*
BEVERLY A. AZUCENA, MD, FPPA, IFAPA, MMHoA
Chief, Medical and Profesional Staff II - Hospital Service

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

Conforme: *[Signature]*
ANNE M. ALBERT
(Signature over printed name)
4/21/2020
Date

Retained Income
Funds 05206443

Fund Cluster : _____

Funds Available : **₱ 13,896 -**

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

ORS/BURS No. : **02-101-601-2020-04-0071**

Date of the ORS/BURS: **4/17/20**

Amount : **₱ 13,896 -**