



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH
City of Mandaluyong

PURCHASE ORDER

NATIONAL CENTER FOR MENTAL HEALTH

ACCOUNTING DIVISION

Date Received: 5/21/20
Received by: [Signature]

Supplier **L. MEYERF PHARMA, INC.**

Address **5th Floor Solar Century Tower, No. 100 Tordesillas corner H.V. Dela Costa Streets, Salcedo Village Makati City**

TIN No. _____

Tel No. **8856-1148 / Telefax : 8817-7132**

P. O. No **CA-035-2020**

Date **May 21, 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	Lopinavir + Ritonavir 200mg + 50mg, <i>Ritocom</i> , 120 tablets / bottle	4	3,900.00	15,600.00
					PHP 15,600.00
		FOR GENERAL USE (COVID-19)			~~~~~

(Total Amount in Words) **FIFTEEN THOUSAND SIX HUNDRED 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 Professional Staff II - Hospital Service

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

Conforms:

(Signature over printed name)

Date **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. : _____
Date of the ORS/BURS: _____
Amount : _____