



DEPARTMENT OF HEALTH  
NATIONAL CENTER FOR MENTAL HEALTH  
City of Mandaluyong

**PURCHASE ORDER**

Supplier **MEDISAFE PHILIPPINES INC.**

P. O. No **CA-004-2020**

Address **66 West West City Plaza Building Brgy. West Triangle Quezon City**

Date **February 7, 2020**

TIN No. \_\_\_\_\_

Mode of Procurement **Cash Advance**

Tel No. \_\_\_\_\_

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**

Delivery Term: \_\_\_\_\_

Date of Delivery **w/in seven (7) days upon receipt of PO**

Payment Term: \_\_\_\_\_

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1	box	Isopropanol, N-Propanol, Mecetronium Ethylsulfate, <b>STERILLIUM HAND DISINFECTANT, 1000ml (10 bottle / box)</b>	3	19,500.00	58,500.00
					<b>PHP 58,500.00</b>
					wwwwwwwwwwwwwwww
<b>FOR GENERAL USE</b>					

(Total Amount in Words) **FIFTY EIGHT THOUSAND FIVE 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,

**BEVERLY A. AZUCENA, MD, FPPA, IFAPA, MMHoA**  
Chief, Medical and Profesional Staff II - Community Service

Conforme:

(Signature over printed name)

(Authorized Official)

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

Date: **Retained Income**  
**Funds 05206443**

Fund Cluster : \_\_\_\_\_

Funds Available : **758,500 -**

ORS/BURS No. : \_\_\_\_\_  
Date of the ORS/BURS: \_\_\_\_\_  
Amount : \_\_\_\_\_

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