



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH
City of Mandaluyong

NATIONAL CENTER FOR MENTAL HEALTH
ACCOUNTING DIVISION

PURCHASE ORDER

Date Received: 3/30/2020
Received by: [Signature]

Supplier LIFE TEK TRADING

Address #104 Mayon St., Joel Town Subdivision Brgy. San Rafael San Pablo Laguna

TIN No. _____

Tel No. 253-1031

P. O. No CA-014-2020

Date March 30, 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	piece	SURGICAL GOWN KIT, Contents : 1 pc Surgical gown with knitted cuff, tie on neck and waist color blue, size : L 115 x 137cm; 1 pair shoe cover blue; 1 pc round nurse cap color blue fabric size 24"; 1 pc face mask earloop color blue; packing : paper - plastic pack sterile disposable; BRAND : WE CARE	100	360.00	36,000.00
					PHP 36,000.00
					XXXXXXXXXXXXXXXXXXXX

FOR GENERAL USE (COVID-19)

(Total Amount in Words) **THIRTY SIX 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

Conforme:

Very truly yours,

[Signature]
LIFE TEK TRADING
(Signature over printed name)

Date _____

[Signature]
NOEL V. REYES, MD, FPPA
OIC-Chief Medical and Professional Staff II - Community Service

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

Fund Cluster : _____
Funds Available : Retained Income
Funds 05206443

[Signature]
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 : _____