



PURCHASE ORDER

Supplier: **JRACS PHARMACEUTICAL DISTRIBUTOR** P.O. No. **053 s. 2018**
 Address: **Door 1 Almeda Bldg. J. Hernandez Ave., Igualdad, Naga City** Date: **2-09-18**
 Mode of Procurement: **Negotiated**

Gentlemen:
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: CSPC, Supply and Property Office Delivery Term: 15 days
 Date of Delivery: 15 days after the receipt of Purchase Order Payment Term: upon delivery and inspection

Item No.	Unit	Qty.	ARTICLES/SPECIFICATION	Unit Cost	Amount
1	pcs	50	Anesthesia-Lidocaine-Epinephrine 20mg/10mg - <i>Drug</i>	40.00	2,000.00
2	packs	24	Disposable Bibs - <i>Medical Sup.</i>	220.00	5,280.00

- Procurement Dental Supplies for the College Clinic -

(Amount in Words) Seven Thousand Two Hundred Eighty Pesos Only P **7,280.00**

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,

M. Delfino
MICHELLE M. DELFINO
 JRACS PHARMACEUTICAL DISTRIBUTOR
 (Signature over printed name)
2/19/18
 (Date)

DR. DULCE F. ATIAN
 (Authorized Official)

Requisitioning Office/Dept. MARITES A. BERNAL Procurement Officer	Funds Available: HAZEL V. PAGUIO Accountant III FEB 12 2018	Amount _____ ALOBS No. _____
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