

# PURCHASE ORDER

Department of Social Welfare and Development  
Cordillera Administrative Office

Annex G-5

<b>Supplier</b>	GREENWATER RENAISSANCE CORPORATION	<b>Purchase Order No.</b>	2020-12-700
<b>Address</b>	#102-103 GP BLDG., UPPER MABINI ST., BAGUIO CITY	<b>Date</b>	12/29/2020
<b>Gentlemen:</b>		<b>Mode of Procurement</b>	SVP

Please furnish this office the following articles subject to the terms and conditions herein.

<b>Place of Delivery</b>		DSWD-CAR, #40 North Drive, Baguio City		<b>Delivery Term:</b>	Complete
<b>Date of Delivery</b>		10 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER		<b>Payment Term:</b>	Charge
Stock/ Property	Unit	Description	QTY	Unit Cost	Total Cost
<b>PURCHASE AND DELIVERY OF MEDICAL DRUGS AND SUPPLIES FOR FO CAR</b>					
	box	Ascorbic Acid 500mg, tablet, 100pcs/box - GENERIC ~	690 ~	385.00	265,650.00
	box	Sodium Ascorbate 500mg capsule, 100pcs/box - CEETAB PREMIUM ~	3 ~	456.00	1,368.00
	box	Naproxen Sodium 275mg tablet, 100pcs/box - FLANAX ~	2 ~	1,223.25	2,446.50
	box	Naproxen Sodium 550mg tablet, 100pcs/box - FLANAX ~	2 ~	2,431.00	4,862.00
	box	Calcium carbonate 500mg tablet, 100pcs/box - CALCI-AID ~	3 ~	898.80	2,696.40
	box	Dischlorobenzyl Alcohol Amylmetacresol, 36 pouches/box - STREPSILS ~	3 ~	2,332.26	6,996.78
	pack	Glucometer strips, 25 pcs/pack - ~	2 ~	1,010.00	2,020.00
	box	Hyoscine Butylbromide 10mg, 100pcs/box - BUSCOPAN (120'S) ~	2 ~	2,619.75	5,239.50
	box	Meclizine hydrochloride 25mg, chewable tablet, 240pcs/box - BONAMINE ~	2 ~	3,339.00	6,678.00
	box	Phenylpropanolamine hydrochloride Chlorphenamin maleate Paracetamol tablet, 100pcs/box - NEOZEP ~	2 ~	5.18	1,036.00
		<b>OTHER REQUIREMENTS</b>	<b>COMPLIANCE</b>		
		The delivery of the goods is within 10 working days upon receipt of Purchase Order.	✓		
		Delivery Place: DSWD-CAR, 40 North Drive, Baguio City	✓		
<b>TOTAL</b>					<b>298,993.18</b>
<b>(Amount in words)</b>		<b>Two Hundred Ninety Eight Thousand Nine Hundred Ninety Three Pesos and Eighteen Centavos Only</b>			

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 on the undelivered item/s.

Conforme:

\_\_\_\_\_ ( Signature over Printed Name ) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Bank Account Name \_\_\_\_\_ Bank Account Number \_\_\_\_\_

\_\_\_\_\_ TIN Number \*please tick tax type \_\_\_\_\_ Date of BIR Registration \_\_\_\_\_

vat  
non-vat



**LEO L. QUINTILLA**  
Signature over Printed Name of Authorized Official  
**OIC Regional Director**  
Designation

Fund Cluster: <u>01 MAS WIKRANT</u>	ORS/ BURS No. : <u>2020-12-09628</u>
Funds Available: _____	Date of the ORS/ BURS: <u>12/30/2020</u>
<b>WILBOURN B. BACOLONG</b> ACCOUNTANT III	Amount: <u>298,993.18</u>

NYDD 20-58