

PURCHASE ORDER

Department of Social Welfare and Development
Cordillera Administrative Office

Annex G-5

Supplier	MILLICENT MAE FRONDA-DE VERA	Purchase Order No.	2022-01-020
Address	NOTRE DAME DE CHARTRES HOSPITAL, BAGUIO CITY	Date	1/18/2022
		Mode of Procurement	Highly Technical Consultants

Gentlemen:

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

Place of Delivery		AS INDICATED	Delivery Term:		Per Schedule
Date of Delivery		AS SCHEDULED	Payment Term:		Charge
Stock/ Property	Unit	Description	QTY	Unit Cost	Total Cost
DEVELOPMENTAL PEDIATRICIAN FOR RSCC					
	service	Developmental Pediatrician - Conduct, assess and submit a Developmental Assessment Report to RSCC, DSWD-CAR on the child's development and functioning in areas like communication, behaviour, social interaction, motor skills, sensory abilities or adaptive skills - Recommend the child for further consult to other services/specialist if necessary - Observe laws protecting children at all times - Maintain all information obtained through this contract confidential and use it only for the purpose it was intended - Submit a Statement of Account of the cost of services provided to RSCC children (12 children x 2 assessments per year)	24	3,000.00	72,000.00
	assessment report	Developmental Assessment Fee in case of new admission	3	3,500.00	10,500.00
Other Requirements				COMPLIANCE	
		1. Medical Degree with specialization in pediatrics		✓	
		2. Valid license to practice medicine		✓	
		4. Confirms with the attached Terms of Reference		✓	
		5. Payment shall be processed after submission of the Statement of Account and Required outputs as indicated on the Terms of Reference.		✓	
		6. Delivery of Service: RSCC, Floresca St., Aurorahill, Baguio City.		✓	
TOTAL					82,500.00
(Amount in words)		Eighty Two 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 on the undelivered item/s.

Conforme:

(Signature over Printed Name)	Date
Bank Account Name	Bank Account Number
TIN Number	Date of BIR Registration

*please tick tax type
 vat
 non-vat

ARNEL B. GARCIA, CESO II
 Signature over Printed Name of Authorized Official
Regional Director
 Designation

Fund Cluster: <u>01 CMF CURRENT</u>	02-101101-2022-02-01912 41,250.00
Funds Available: <u>82,500.00</u>	ORS/ BURS No. : <u>02-101101-2022-02-01913 41,250.00</u>
WILBOURN B. BACOLONG ACCOUNTANT III <i>amb.</i>	Date of the ORS/ BURS: <u>FEB. 23, 2022</u>
	Amount: <u>82,500.00</u>

vib/crg