## **PURCHASE ORDER**

Department of Social Welfare and Development Cordillera Administrative Office

					Annex G-5
Supplier		F-LIRA GENERAL MERCHANDISE	Purchase Order No.		2021-12-791
Address Gentlemen:		SOLANO, NUEVA VIZCAYA	Date		12/13/2021
		Mode of		irement	SVP
Gentieme		a furnish this office the following estisted subject to the former and a subject to			
Place of D		e furnish this office the following articles subject to the terms and condition AS INDICATED	ns nerein.	Delivery Terms	10t-t-
		AS INDICATED		Delivery Term: Payment Term:	
Stock/	Unit		0.7%	Unit	Total
Property	Oilic	Description	QTY	Cost	Cost
-		PURCHASE AND DELIVERY OF MEDICAL SUPPLIES AND PPE			
					-
	set	Coverall, Disposable, non-sterile, polyethylene or similar laminate film, fluid- resistant, low-tinting, non-woven, two-way zipper, elastic wasit and ankle with knitted cuffs, conforms to ASTM F1671 standard or equivalent, individually packed	49	420.00	20,580.00
	pack	Surgical Cap, Non-woven 100pcs/pack	5	900.00	4,500.00
	pcs	Heavy Duty Industrial Face Shield, Adjustable, PVC	19	450.00	8,550.00
		RSCC			*
	set	Coverall, Disposable, non-sterile, polyethylene or similar laminate film, fluid- resistant, low-tinting, non-woven, two-way zipper, elastic wasit and ankle with knitted cuffs, conforms to ASTM F1671 standard or equivalent, individually packed	100	420.00	42,000.00
	set	Coverall PPE, washable suit, water proof fabric	350	350.00	122,500.00
		OTHER REQUIREMENTS		COMPLIANCE	
		Delivery period is within 10 calendar days upon receipt of Purchase Order. When the last day of delivery falls on a weekend/holiday, the deadline shall be on the next working day.		<b>✓</b>	
		Delivery place is at DSWD-CAR #40 Northdrive Baguio City		/	
			TOTAL	198,130.00	
(Amoun	t in words)	One Hundred Ninety Eight Thousand One Hundred	dred Thirty Pes		130,130.00
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 e the undelivered item/s.  Conforme:				very day of delay s	
( Signature over Printed Name) Date				er Printed Name of A Regional Direct	uthorized Official
Bank Account Name Bank Account Number			esignation		
,	TIN Number	*please tick tax type Date of BIR Registration vat non-vat			
Fund Cluste	er:	emt current	ORS/ BURS No.	: 21-12-11	506
				S/BURS: _ /2 -/	5-21
,	WILBOURN B ACCOUNTAN	TII)	Amount:	198,130.00	