



PURCHASE ORDER

PO Number PO000188

(Please quote this number on all related correspondence, delivery/shipping papers and invoice)

Ok 4/23
ok 4/25
ok 4/25

TO: N.S. YAMSUAN MEDICAL AND DIAGNOSTIC SUPPLIES 2117 Laon Laan corner Crisostomo Sampaloc Manila Contact Name: Levin Carlo Galang Tel No.: 668-2294 TIN: 123168509000	DELIVER/SHIP TO: Bases Conversion and Development Authority 31st Street corner 2nd Avenue BGC 2F Bonifacio Technology Center Taguig NCR 1634 Contact Name: Procurement Division Tel No.: 575-1700 Fax No.: 816-0978 TIN: 002-219-694-000
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PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
4/23/2018 <i>4/25/18 vjt</i>	0000108		SVP	<i>5/1/18 vjt</i>	5 days	CREDIT 30

Item	Quantity	Unit	Description	Unit Cost	Amount
1	1,250.00	PIECE	METFORMIN 500MG	3.00	3,750.00
2	1,250.00	PIECE	AMLODIPINE 5MG	3.00	3,750.00
3	1,250.00	PIECE	LOSARTAN 50MG	5.00	6,250.00

NOTE: OP- CSR FOR AGFO FOUNDATION
PURCHASE REQUEST NO. 0000195

PESOS: THIRTEEN THOUSAND SEVEN HUNDRED FIFTY AND 00/100 PESOS ONLY	13,750.00
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Terms and Conditions:

This Purchase Order (PO) shall be governed by the General Terms and Conditions printed at the back hereof

Note: Please attach the original copy of this order together with the DELIVERY RECEIPT and SALES INVOICE in the triplicate.

FUNDS AVAILABLE:

[Signature]
HEDDA Y. RULONA
 DMII, Budget Department *na*

Approved by:

[Signature]
BGEN CARLOS F. QUITA (RET)
 VP-CSG

Recommended by:

[Signature]
Manager, PPM

I hereby certify that I am authorized representative of the company and that by affixing my signature, it shall bind the company I am representing to the terms and conditions of the PO and all applicable provisions of RA 9184 and its revised IRR and other applicable government rules.

I further certify that the above prices, which were quoted in the Request for Quotation (RFQ), are inclusive of all taxes, freight, insurance and all other incidental expenses necessary for its delivery.

CONFORME:

[Signature]
LEVIN CARLO B. GALANG

Date Received: APRIL 24, 2018

Printed Name and Signature of Authorized Representative

(The supplier shall sign and return the acknowledgement copy to BCDA-Procurement or through fax within five (5) working days after issuance.)

KINDLY REFAX TO 5751785 OR EMAIL TO ifdavid@bcda.gov.ph THANKS.



FG2018 - 0240