

Page 1 of 1

Republic of the Philippines  
 Office of the President  
**BASES CONVERSION and DEVELOPMENT AUTHORITY**  
 2/F Bonifacio Technology Center, 31st Street corner 2nd Avenue  
 Bonifacio Global City, 1634 Taguig City  
 VAT Reg. TIN 002-219-694-000

## PURCHASE ORDER

<b>To: N.S. YAMSUAN MEDICAL AND DIAGNOSTIC SUPPLIES</b>	PO Number	2018-000048
2117 LAON-LAAN COR. CRISOSTOMO STS. SAMPALOC, MANILA	PO Date	January 29, 2018
Attention: NENITA S. YAMSUAN • Tel. No: 7124305 TIN: 123-168-509-000 • Fax No: 7124305	Payment	30 days
Place of Delivery:	Mode of Procurement	Negotiated Procurement - SVP
2/F Bonifacio Technology Center, Bonifacio Global City, Taguig City Tel No: 575-1700 • Fax No: 816-0996	Date of Delivery:	Within fifteen (15) days upon the receipt thereof

NO.	Ref Code	PRODUCT SPECIFICATIONS, Brand, Country of Origin	Qty.	UNIT	UNIT PRICE	AMOUNT
1		SUGAR TEST STRIP, ACCU CHECK 50pcs/BOX	4	pc	986.00	3,944.00
2		CHLORPHENAMINE MALEATE, ANTAMIN	150	pc	5.28	792.00
3		COTTONBUDS, HAPPY 200PCS/PACK	4	pack	18.00	72.00
4		BENZYDAMINE HCL- LOZENGES, DIFFLAM	300	pc	28.74	8,622.00
6		MEFENAMIC ACID, RITEMED	300	pc	4.00	1,200.00
7		FACE MASK	100	pc	1.00	100.00
8		HAND SANITIZER, BACTIGEL w/ DISPENSER AND RACK	10	pc	680.00	6,800.00
9		PHENYLEPHRINE HCL + PARACETAMOL, DECOLGEN	200	pc	5.64	1,128.00
10		ALUMINUM HYDROXIDE MGOH SIMETHICONE, KREMIL-S	250	pc	5.67	1,417.50
11		MICROPORE TAPE, 3M, 1" 12PCS/BOX	4	box	440.00	1,760.00
		PHENYLEPHRINE HCL + CHLORPHENAMINE, MALEATE + PARACETAMOL, NEOZEP	700	pc	4.72	3,304.00
14		LANCET PEN, SURGITECH DEVICE WITH FREE LANCET 200PCS	1	pc	350.00	350.00
15		PULSE OXIMETER, FINGER PULSE	1	pc	930.00	930.00
16		SALBUTAMOL NEBULE, DUAVENT	20	pc	39.97	799.40
		xxxNOTHING FOLLOW xxx				
<b>TOTAL (PESOS):</b>					<i>Thirty One Thousand One Two Hundred Eighteen and 90/100</i>	<b>PhP 31,218.90</b>

Requisitioning Office/Dept: ODMD, Medical Supplies for the 1st quarter of 2018

**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 your DELIVERY RECEIPT and SALES INVOICE in triplicate.

FUNDS AVAILABLE \_\_\_\_\_

*[Signature]*  
**HEDDA Y. RULONA**  
 DM III, Budget Department

Approved by:

*[Signature]*  
**BGEN CARLOS F QUITA (RET)**  
 VP, Corporate Services Group

Recommended by:

*[Signature]*  
**SUSAN R. RAMOS**  
 OIC, PPMO

I hereby certify that I am the 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, including its General Terms and Conditions printed at the back of the PO and all applicable provisions of RA9184.

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

CONFORME :

*[Signature]*  
**LEVIN CARLO D. SALANG**  
 Printed Name and Signature of Authorized Representative

Received copy of P.O. on \_\_\_\_\_

(The Supplier shall sign and return the acknowledgement copy to BCDA-Procurement or through fax within seven (7) calendar days after issuance.)