

**PURCHASE ORDER**

Supplier: **DMD PURIFIED DRINKING WATER** P.O. No.: **16-002**  
Address: **24, 20TH ST. EAST BAJAC OLONGAPO CITY** Date: **February 16, 2016**  
Tel./ Fax No.: **(047) 223-2047** Term of Payment: **15 days**  
Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this Office within **15 working days** from receipt hereof:

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	300	containers	Mineral Drinking Water *****Nothing Follows*****  (LHO Olongapo Staff and Members Use- Water consumption for Year 2016)	35.00	10,500.00
TOTAL AMT.					PHP 10,500.00

**Conditions:**

- The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
- Render your bills in triplicate copies including the original.
- If the date of receipts of this Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received within 15 working days from the date of approval.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- Delivery shall be made only on MONDAYS to THURSDAYS not later than 3 P.M. except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly yours,

**DANILO M. REYNES, M. D.**  
MSD, Division Chief

Certified Budget Available:	Funds available in the amount of	APPROVED
<b>WILLIEANNE D. CAYACO</b> Fiscal Controller III	<b>ANGELITA S. REYES</b> Fiscal Controller IV	<b>LOUISA V. TULIAO, CESO V</b> OIC, Vice-President PRO III
Within the COB: <b>04/2016</b> Expense Code: <b>344-10</b> Budget: <b>AS (SAO 2-13)</b> Remarks:		
CONFORME: <b>ELEANOR O. DABU</b> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		<b>Mar. 1, 2016</b> DATE RECEIVED COPY OF P.O.