



PURCHASE ORDER

Bureau of Jail Management and Penology - National Headquarters

Entity Name



Supplier : PRIMEGOLD CARE TRADING	P.O. No. : 2021-04-007
Address : Lot 222 Blk 3 Ph 2 Greenbreeze Subdivision, San Isidro, Rodriquez, Rizal	Date :
TIN : 188-333-657-000	Mode of Procurement : 53.9. Nego - SVP

Gentlemen:

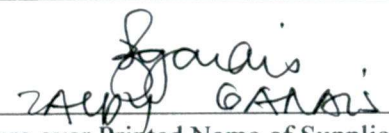
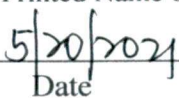

Please furnish this Office the following articles subject to the terms and conditions contained herein:


Place of Delivery : BJMP-NHQ, 144 Mindanao Ave., Project 8, Quezon City	Project Duration : 15 CD upon the receipt of PO
Date of Delivery :	Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
Procurement of Medical and Dental Supplies for the 1st Quarter of 2021					
Medical Supplies					
	gallon	Ethyl Alcohol 70% 1 gallon	20	650.00	13,000.00
	piece	Diclofenac diethylammonium Gel 1% 5g	10	280.00	2,800.00
	box	3 cc Syringe w/ Needle 100's/box	1	400.00	400.00
	box	Gloves large Size	1	600.00	600.00
	piece	Copper Top AAA Alkaline Battery	16	70.00	1,120.00
	piece	Copper Top AA Alkaline Battery	16	80.00	1,280.00
	pack	Steri Strip 1/4 " x 4" (18 sterile strips)	1	900.00	900.00
	piece	Finger Pulse Oximeter	4	500.00	2,000.00
Dental Supplies					
	box	Face Mask 3ply 50pcs/box	30	180.00	5,400.00
	pack	Cotton Balls 150pcs/pack	15	45.00	675.00
	bottle	Phenolsulfonic acid and sulfuric acid 1.5ml/bottle	2	1,400.00	2,800.00
	bottle	Hexetidine 60ml/bottle	20	120.00	2,400.00
	pack	Disposable cups, 8 oz x 50's/pack	5	60.00	300.00
	bottle	Activated Glutaraldehyde Solution 1 liter/bottle	4	500.00	2,000.00
	piece	3 Ply Bathroom Tissue Roll	10	40.00	400.00

(Total Amount in Words) Thirty-Six Thousand Seventy-Five Pesos **36,075.00**

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 every day of delay shall be imposed on the undelivered item/s.

Conforme:  Signature over Printed Name of Supplier  Date	Very truly yours,  ALLAN S IRAL, CESE Jail Director Chief, BJMP (Authorized Official)
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Fund Cluster : _____ Funds Available : _____  ROMELYN L. MEDINA, CPA OIC, Accounting Service Office Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : <u>2021-04-423</u> Date of the ORS/BURS: <u>4/12/21</u>
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