



Republic of the Philippines
Department of Education
 REGION X – NORTHERN MINDANAO
 SCHOOLS DIVISION OF EL SALVADOR CITY



PURCHASE ORDER

Supplier: CORELAB DIAGNOSTICS MEDICAL SUPPLIES	P.O. No. 2020-09-0087
Address: P4, BLK 3, LT50 Rottweiler Pag-ibig Cithomes, Malanang Opol, Mis.Or.	Date: 9/22/2020
TIN: _____	Mode of Payment: _____

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

Place of Delivery: <u>DepEd El Salvador City</u>	Delivery Term: <u>MAXIMUM OF 10 WORKING DAYS</u>
Date of Delivery: _____	Payment Term: <u>ADA</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		PPE suit, disposable, free size	30	650.00	19,500.00
					-
					-
					-
					-
					-
					-
					-
				Total	19,500.00

(Total Amount in Words) **NINETEEN THOUSAND FIVE HUNDRED PESOS ONLY**

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,
 Signature over Printed Name of Authorized Official
 Designation

Fund Cluster: **070010810007**

Funds Available: _____
MARICEL B. JANGAO, CPA
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No.: _____
 Date of the ORS/BURS: _____
 Amount: _____

PR NO. 2020-09-0078
 c/o Dr. Gladys Cabeltes



Republic of the Philippines
Department of Education
 REGION X – NORTHERN MINDANAO
 SCHOOLS DIVISION OF EL SALVADOR CITY

COMMISSION ON AUDIT
 DIVISION OF EL SALVADOR
 OFFICE OF THE AUDITOR
RECEIVED
 Date: 07 OCT 2020
 Time: 1:27pm
 By: [Signature]

PURCHASE ORDER

Supplier: BIOMEDICAL TRADE MERCHANDISE & SERVICES	P.O. No. 2020-09-0088 ✓
Address: Capistrano Kalambuguhan St., Cagayan de Oro City	Date: 9/22/2020
TIN: _____	Mode of Payment: _____

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

Place of Delivery: DepEd El Salvador City	Delivery Term: MAXIMUM OF 10 WORKING DAYS
Date of Delivery: _____	Payment Term: ADA

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	box	Surgical face mask	75	150.00	11,250.00
	bottle	70% isoprophyl alcohol, 500 ml	80	89.00	7,120.00
	pc	Face shield	50	35.00	1,750.00
	bottle	70% isoprpyl alcohol, pump container, 500 ml	60	128.00	7,680.00
					-
					-
					-
					-
				Total	27,800.00

(Total Amount in Words) TWENTY-SEVEN THOUSAND EIGHT HUNDRED PESOS ONLY

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]
 Signature over Printed Name of Supplier

Date: 10/16/2020

Very truly yours, [Signature]
OLGA C. ALONSABE, Ph.D.
 Signature over Printed Name of Authorized Official
OIC-Schools Division Superintendent
 Designation

Fund Cluster: 070010810007	ORS/BURS No.: _____
Funds Available: _____	Date of the ORS/BURS: _____
MARICEL B. JANCAO, CPA Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Amount: _____

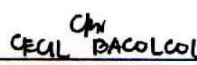
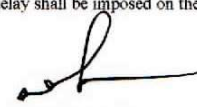
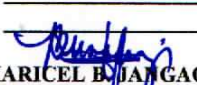
PR NO. 2020-09-0077
 c/o Dr. Gladys Cabeltes



Republic of the Philippines
Department of Education
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 SCHOOLS DIVISION OF EL SALVADOR CITY



PURCHASE ORDER

Supplier: <u>BEROVAN MARKETING INC.</u>		P.O. No. <u>2020-09-0089</u>			
Address: <u>Skyhi Bldg. Daumar Street, Cagayan de Oro City</u>		Date: <u>9/22/2020</u>			
TIN: _____		Mode of Payment: _____			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery: <u>DepEd El Salvador City</u>		Delivery Term: <u>MAXIMUM OF 10 WORKING DAYS</u>			
Date of Delivery: _____		Payment Term: <u>ADA</u>			
Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Sodium hypochlorite	20	180.00	3,600.00
					-
					-
					-
					-
					-
					-
					-
					-
					-
				Total	3,600.00
(Total Amount in Words)		THREE THOUSAND SIX HUNDRED PESOS ONLY			
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:		Very truly yours,			
 CECIL BACOLCOL Signature over Printed Name of Supplier		 OLGA C. ALONSABE, Ph.D. Signature over Printed Name of Authorized Official			
<u>10-10-20</u> Date		<u>OIC-Schools Division Superintendent</u> Designation			
Fund Cluster: <u>070010810007</u>		ORS/BURS No.: _____			
Funds Available: _____		Date of the ORS/BURS: _____			
 MARICEL B. JANGAO, CPA Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit		Amount: _____			

PR NO. 2020-09-0077
 c/o Dr. Gladys Cabeltes



Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 555-0475
 Website: www.depedelsalvadorcity.net | Email: elsalvador.city@deped.gov.ph