

<div style="display: flex; justify-content: space-between;"> <div> <b>DR. JOSE FABELLA MEMORIAL HOSPITAL</b>  <small>DR. JOSE FABELLA MEMORIAL HOSPITAL</small> </div> <div> <b>PURCHASE ORDER</b>  <b>DR. JOSE FABELLA MEMORIAL HOSPITAL</b> </div> <div> <b>DR. JOSE FABELLA MEMORIAL HOSPITAL</b>  <small>OFFICE of the Chief Administrative Officer</small> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>Supplier:</b> <b>ENDURE MEDICAL, INC.</b>  <b>Address:</b> Unit 17-A Belvedere Tower, San Miguel Ave.  Ortigas Ave., Pasig City Tel.No. 634-34-60  <b>TIN :</b> </div> <div> <b>P.O. no. :</b> <b>2017-06-0516</b>  <b>Date :</b> <b>June 27, 2017</b>  <b>Mode of Procurement:</b> <b>Competitive/Public Bidding</b> </div> </div>					
<b>Gentlemen:</b> Please furnish this Office the following articles subject to the terms and conditions contained below:					
<b>Place of Delivery:</b> <u>Materials &amp; Management Department</u> <b>Delivery Term:</b> <u>Seven (7) working days</u> <b>Date of Delivery:</b> <b>Payment Term:</b>					
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1.	cap/tab	Mefenamic Acid, oral, 500mg capsule/tab (Fenamax) (Mfd By: CSPC Ouyi Pharmaceutical Co., Ltd.,-China) (box of 100)	40,000	0.63	25,200.00
2.	neb	Ipratropium Bromide + Salbutamol, 500mcg + 2.5mg, 2.5ml, nebule, respiratory solution (Combipul) (Mfd By: CIPLA Ltd.-India)	500	9.12	4,560.00
					<b>29,760.00</b>
<p>Price list for Drugs and Medicines.  Public Bidding dated December 22, 2016</p> <p>Item No. 1 Page 10 No. 94  Item No. 2 Page 14 No. 142</p> <p>Chargeable against HEMS sub-allotment funds (Code III)</p>					
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>DR. JOSE FABELLA MEMORIAL HOSPITAL</b>  <b>PROCUREMENT DEPARTMENT</b>  <b>RECEIVED</b>  BY: _____  DATE: <u>7/3</u> TIME: <u>4 PM</u> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Dr. Jose Fabella Memorial Hospital</b>  <b>FINANCE SERVICE</b>  RECEIVED BY: _____  DATE/TIME: <u>7/3 2:30</u> </div> </div>					
<b>(Total Amount in Words) TWENTY NINE THOUSAND SEVEN HUNDRED SIXTY PESOS ONLY***</b>					
In case of failure to make 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.					
<div style="display: flex; justify-content: space-between;"> <div> Date P.O. Served: _____  Date of Delivery: _____  Time of Delivery: _____  Signature: _____ </div> <div> Very truly yours,    <b>ESMERALDO T. ILEM, M.D.</b>  <b>Medical Center Chief II</b>  <b>Authorized Official</b> </div> </div>					
<b>Conforme:</b>  Signature over Printed Name of Supplier _____ Date _____					
<b>Funds Available:</b>  <b>MERCILITA D. FORTIER</b> Accountant IV			<b>OR/BUR No.</b> <u>02-102101-2017-06-0421</u>  <b>Amount :</b> <u>29,760.00</u>		