

BUDGETING DEPARTMENT <i>RECEIVED BY: [Signature] DATE: 8/9/17</i>		PURCHASE ORDER DR. JOSE FABELLA MEMORIAL HOSPITAL Agency		DR. JOSE FABELLA MEMORIAL HOSPITAL Office of the Chief Administrative Officer <i>RECEIVED BY: [Signature] DATE: 8/11/17 TIME: 11:45 AM</i>	
Supplier: ONICARE PHARMA TRADING & GENERAL		P.O. no.: 2017-08-0630			
MERCHANDISE Blk 8 Lot 36 Villa		Date: August 1, 2017			
Address: Consolacion Subd., San Jose (Pob.) Antipolo		Mode of Procurement: Competitive/Public Bidding			
TIN : City Tel.No. 586-57-15		DR. JOSE FABELLA MEMORIAL HOSPITAL Accounting Department RECEIVED			
Gentlemen:		Date: <i>8/11/17</i> Time: <i>11</i>			
Please furnish this Office the following articles subject to the terms and conditions contained below.					
Place of Delivery: Materials & Management Department		Delivery Term: Seven (7) working days			
Date of Delivery:		Payment Term:			
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	tablet	Metronidazole, oral, 500mg tablet, (Flagex) (Mfd By: New Myrex Laboratories, Inc. - Local)	2,500	0.74	1,850.00
<p>Price list for Drugs and Medicines. Public Bidding dated December 22, 2016.</p> <p>Page 5 No. 49</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <small>DR. JOSE FABELLA MEMORIAL HOSPITAL PROCUREMENT DEPARTMENT RECEIVED</small> <small>BY: [Signature] DATE: 8/9/17 TIME: 10:00</small> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <small>DR. JOSE FABELLA MEMORIAL HOSPITAL OFFICE OF THE MEDICAL CENTER CHIEF</small> <small>Received by: [Signature] Date: 8/8/17 Time: 10:20 AM</small> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <small>Dr. Jose Fabella Memorial Hospital FINANCE SERVICE</small> <small>RECEIVED BY: [Signature] DATE/TIME: 8/10/17 9:05</small> </div> </div>					
(Total Amount in Words) ONE THOUSAND EIGHT HUNDRED FIFTY PESOS ONLY**					
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.					
Conforme:		Date P.O. Served: _____ Date of Delivery: _____ Time of Delivery: _____ Signature: _____		Very truly yours, <i>[Signature]</i> ESMERALDO T. ILEM, M.D. Medical Center Chief II Authorized Official	
Signature over Printed Name of Supplier					
Date					
Funds Available:		OR/BUR No. 02-207503-2017-08-0141			
MERCILITA D. FORTIER Accountant IV		Amount : ₱1,850.00			