

PURCHASE ORDER

BATANGAS MEDICAL CENTER

Supplier: GREPCOR DIAMONDE INC.
Address: 14A 3rd Street, New Manila
TIN: _____

P.O. No.: 20-08-0235
Date: 14 August, 2020
Mode of Procurement: NP - Emergency Case

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

Place of Delivery: Batangas Medical Center
Date of Delivery: 5 calendar days upon receipt of P.O.

Delivery Term: NO P.O., NO Acceptance
Payment Term: 30 days upon complete delivery

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	UNIT	<p style="text-align: center;">ULTRA LOW FREEZER</p> <p><u>TECHNICAL SPECIFICATIONS:</u> THERMO FISHER SCIENTIFIC TDE 30086FD ULTRA LOW FREEZER Temperature: -86 TO -50 DEG Celsius 3 racks/shelves Capacity: 422 liters capacity Electrical requirement: 208-230 V/60 Hz Display : 7 segment capacitative touch screen Vacuum insulation panels: water blown foam insulation+VIP Dimension: (Exterior) L=78 in; W=23 in Style: Upright With appropriate AVR Slim type; decrease storage footprint Delivery date: can deliver within 5 days upon receipt of Purchase order Warranty: 5 years on service and parts; shall replace any item or part found to be defective in material or workmanship under normal use; warranty period shall commence on the date of acceptance by end user after testing and commissioning</p>	1	1,050,000.00	1,050,000.00
SUB TOTAL					

(Total Amount in Words)

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for

Very truly yours,

RAMONCITO C. MAGNAYE, MD, FPCCS, MHA
 Medical Center Chief II

25 AUG 2020

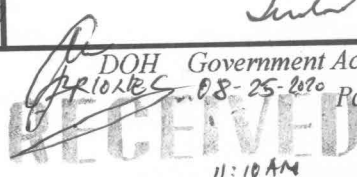
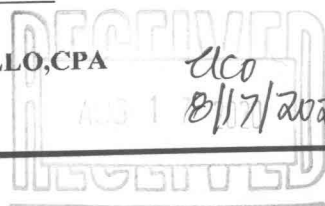
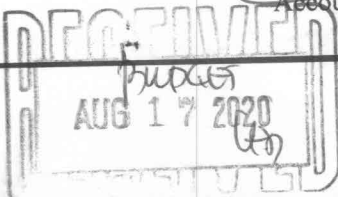
Conforme: Olier M. Fayardo
 Signature over printed name of Supplier
 Date 27 Aug 2020

Fund Cluster: 05
 Funds Available: _____

ORS/BURS No.: 06-200419 2020 - 08-00015
 Date of the ORS/BURS: AUG 17 2020
 Amount: _____

CARMINA C. CASTILLO, CPA
 Accountant IV

uco
 8/17/2020



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		BALANCE FORWARDED	1	1,050,000.00	1,050,000.00
		<p><i>Notarized undertaking: Supplier shall conduct the necessary corrective maintenance within 5 calendar days upon notification of breakdown, number of days where equipment is unusable due to defects shall be added to the warranty period</i></p> <p>Note: Please attach the following if applicable, upon delivery (NO attachment NO acceptance of delivery)</p> <ol style="list-style-type: none"> Certificate of Product Registration from FDA Certificate of Good Manufacturing practice from FDA Batch Release Certificate from FDA 			
TOTAL					1,050,000.00

(Total Amount in Words) **One million fifty thousand 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 (1) percent for Very truly yours,

W
RAMONCITO C. MAGNAYE, MD, FPCS, MHA
 Medical Center Chief II

25 AUG 2020

Conforme: *Oliver M. Fajardo*
 Signature over printed name of Supplier
 Date 27 Aug 2020

Fund Cluster: 05
 Funds Available: 1,050,000.00

Carmina C. Castillo
CARMINA C. CASTILLO, CPA
 Accountant IV

2109
8/17/2020

ORS/BURS No.: 06-206443-2020-08-00015
 Date of the ORS/BURS: AUG 17 2020
 Amount: 1,050,000.00

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08-25-2020

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