20-11-05821

ORS No.:

Amount:

LLOYD BRAZEN B. BAS

Accountant III

Funds Available:

		DEPAI NT OF SOCIAL WELFARE AND I		PMENT FIE FFICE is, Legazpi City, Albay	E V	
		PURCHASE O	RDER			
Supplier: Address:		DELUXE HEALTHCARE INC. Sagpon, Daraga Albay	T ONCHASE ONDER		NF 2011-0409 November 24, 2020 nent: Shopping	
Gentleme						
Place of [Office the following articles subject to the terms and conditions contained DSWD FO V, Buraguis, Legazpi City	herein:	D		71
		Five (5) working days upon receipt of Purchase Order		Payment Term: Delivery Term:	Charge	
Item No.	Unit	Description		Quantity	Unit Cost	Amount
		PURCHASE OF MOBILITY AIDS BY PERSON WITH DISABILITY AND SENIOR CITIZEN)	quantity	Jiii edat	Amount
1	units	Wheelchair		13	3,951.37	51,367.81
		Specifications:		10	3,331.37	31,307.01
		Materials: Standard Aluminum				
		Size: Adult - 12				
		Size. Addit - 12				
2	200	Stick Cane			504.00	
	pcs			6	531.92	3,191.52
		Specifications:				
		Material: Aluminum				
				-		
					,	
T-1-1						
Total Amount in Words:		FIFTY FOUR THOUSAND FIVE HUNDRED FIFTY NINE PESOS AND THIRTY THREE CENTAVOS *** 54,559				54,559.33
	008-0321	August 05, 2020	*****			
IVI ZI	000-0321	August 00; 2020				
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Conforme					~	***
Comornie				, [NE DE CARCIA CE	50.11
				AR	Regional Director	211 11
				1	Regional Director	5
		DELLIVE HEALTHCARE INC		1.	1/	
		DELUXE HEALTHCARE INC.		. <i>V</i>	1/	
		Signature over Printed Name of Supplier			/	
		Data			/	
		Date			,	