

PURCHASE ORDER CITY GOVERNMENT OF PASIG Agency Name

Supplier: ANGLOWEALTH ENTERPRISES						_	P.O. No.: 23-12-0961 Date: 12/21/2023		
Address: Sitio Cabcab, Boso-Boso San Jose, Antipolo City					Date		of Procurement: SMALL VALUE PROCUREMENT		
Gentleme	n:					_ Mode of	Procurement: SMA	LL VALUE PROCUREMENT	
	Please fu	rnish this o	ffice the following article	s subj	ect to the terms and co	onditions cor	ntained herein:		
Place of E	Delivery : _C	entral Supply	Office		Delivery Term : 30 Cal	londer Dave but	net to average 24 Discour		
Date of D	Delivery :				Payment Term : within	45 days upon co	ompletion of delivery	ember 2023	
ITEM							UNIT		
NO.	UNIT	QTY	Di	ESCR	IPTION		COST	AMOUNT	
1	BOTTLES	1,000	bleach, color, ZONROX colorsafe, 900ml				205.00	205,000.0	
2	PCS	1,000	Tooth paste, COLGATE twin pack 24g by 12s				120.00	120,000.00	
3	DOZENS	1,000	Deodorant Cream, REXONA Sachet by 12s size: 3ml				138.00	138,000.0	
4	DOZENS	1,000	Tooth Brush, SMILE by 12s				70.00	70,000.00	
5	BARS	5,000	Bath Soap, JOHNSON'S bar soap for baby size: big 100grams				38.50	192,500.00	
6	PACK	1,000	Chlorine Powder 1kg, SUPER CHLOR 1kilo per pack *Purchase Order shall cover all the items found in the Request for Quotation, Terms of Reference/ Technical Specifications and Bid Bulletin/s if any.			juest ns and	65.00	65,000.00	

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for the t Develop	use of various a ment	ctivity and op	erational expenses under Office	e of Soc	cial Welfere and Development	t for the use of	Department of Social	l Welfare and	
Control N	a 5249				CONTRACTOR OF THE STATE OF THE	GP	AND TOTAL :	Php 790,500.00	
Total Amount in Words Seven Hundred Ninety Thousand Five Hundred Pesos Only.							NO TOTAL .	F110 7 30,300.00	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			the full delivery within the tir	THE COURSE OF SHARE SELECTION		one tenth (1/10)) of one (1) percen	†	
for every	day of delay s	shall be impo	sed as provided for by the, 2	2016 IR	R of RA 9184.	one tenti (1711	of one (1) percent		
			(Stan			Very to	ruly yours,		
Conform	e: N.,,	anet.				111070	-63		
	- John:	MICELITA B	e Rose Fortaleza		-		R MA REGIS N Authorized Office		
-	(Signature	over printed	name of Supplier)				City Mayor	,	
		12/22	12023				ony mayor		
		Do	tte						
					Ch				
Requisitio	oning Office/	Dept. :		Fund	ls Available		A	100 -60 64	
	1	A			CAST .		Amount:	190,560.60	
		SA O. BR			JUVY A. CUENCO	α	OBR No.: 100	- 2023 - 11	
	(Autho	rized Officia	nl)		Chief Accountant		544	8 - 7611	
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