



**PURCHASE ORDER**  
MIA MIMAROPA REGIONAL OFFICE  
Entity Name

Supplier: **RBMA PHARMACEUTICAL TRADING**  
Address: **ST. PETER SUBD. ALANGILAN**  
TIN: **184-967-379-000**

P.O. No. **2022-04104**  
Date: **APR 19 2022**  
Mode of Procurement: **SHOPPING**

Gentlemen:

Please furnish this Office the following articles subject to the terms and condition contained herein.

Place of Delivery: **MIA MIMAROPA Regional Office**  
Date of Delivery: **within 15 calendar days from receipt of PO**

Delivery Term: **Full**  
Payment Term: **within 30 cal from date of delivery**

**SUPPLY AND DELIVERY OF  
MEDICAL SUPPLIES AND EQUIPMENTS**

Stock / Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	box	<b>Disposable Medical Face Mask</b> - 50pcs per box - FDA approved - 3-ply with ear loop, non-woven - Virus Filtration Efficiency – up to 99% - Hypoallergenic	179	70.00	12,530.00
3	bottle	<b>Isopropyl Alcohol 70%, 500ml</b> - Adaptable nose bar and high filtration - Antiseptic/Disinfectant - Hypo-allergenic with moisturizer - FDA Registered and Approved	234	90.00	21,060.00
4	bottle	<b>Disinfectant Fog Solution for Fog machine 4L</b> <b>Rapid Antigen Test Kits</b> - FDA approved, nasopharyngeal - Test specificity should not be lower than 100% - Test sensitivity should not be lower than 93.1% - Should contain the ff: Sterile swab, test device, tube stand, extraction buffer tube, nozzle caps, user manual - NOTE: Expiration date of all test kits should be at least 1 year from delivery ***nothing follows***	3	790.00	2,370.00
10	set		75	350.00	26,250.00
<b>TOTAL AMOUNT IN WORDS: SIXTY TWO THOUSAND TWO HUNDRED TEN PESOS.</b>					<b>62,210.00</b>

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day delay shall be imposed on the undelivered item/s.

Very truly yours,

Conforms:

**WILLIAM P. RAGODON**  
Regional Manager

Signature over Printed Name of Supplier

Date

Fund Cluster: **501 COB**  
Funds Available: **190,270.00**

**DAREN KRISSELLA SUTERRERZ**  
Chief Corporate Accountant B

ORS/BUFS No.: \_\_\_\_\_  
Date of the ORS / BUFS: \_\_\_\_\_  
Amount: **62,210.00**

