

**PURCHASE ORDER**  
**DIVISION OF TANGUB CITY**  
**Entity Name**

Supplier : Zenn Variety Store	P.O. No. : <u>0223007</u>
Address : <u>Tangub City</u>	Date : 03-3-23
TIN : _____	Mode of Procurement :

Gentlemen:

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

Place of Delivery : <u>Division of Tangub City</u>	Delivery Term : <u>5 days</u>
Date of Delivery : _____	Payment Term : <u>30 days</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	bot	Air Freshener	2	235.00	470.00
2	bot	Alcohol 70% Isoprophyl 500ml	36	90.00	3,240.00
3	pc	Broom Soft	21	80.00	1,680.00
4	pc	Broom Tingting (Stick)	15	39.00	585.00
5	kg	Detergent Powder 1kg/pack	30	89.65	2,689.50
6	pc	Dishwashing Paste (big)	12	49.00	588.00
7	pc	Doormat (cloth)	15	46.00	690.00
8	sachet	Downy (Sachet)	142	7.50	1,065.00
9	bot	Downy 500ml	20	145.00	2,900.00
10	pc	Dust Pan Plastic	2	65.00	130.00
11	pc	Feather Duster	1	59.50	59.50
12	kg	Fertilizer	6	54.50	327.00
13	pc	Glass Cleaner	13	159.00	2,067.00
14	bot	Insecticide Aerosol Type 420g/can	5	135.00	675.00
15	pc	LED Bulb 15W	110	182.00	20,020.00
16	pc	Mop Handle	1	119.50	119.50
17	pc	Mop Head	1	79.50	79.50
18	roll	Plastic Twine One kilo/roll	1	129.00	129.00
19	pc	Trashbag Big 40" length, 18.5" width, 10pcs/roll	213	139.50	29,713.50
20	bot	Zonrox Bleach 1000ml	50	49.30	2,465.00
21	bot	Zonrox Color Safe 1000ml	1	87.00	87.00
		x-x-x-x-x-x-x			
					<b>69,779.50</b>

(Total Amount in Words) Sixty Nine Thousand Seven Hundred Seventy Nine Pesos and Fifty Cents

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 of delay shall be imposed on the undelivered item/s.

Conforme:

  
ZENN VARIETY STORE  
 Signature over Printed Name of Supplier

7-3-23

Date

Very truly yours,

  
**NIMFA R. LAGO, PhD, CESO VI**  
 Assistant Schools Division Superintendent  
 OIC- Office of the Schools Division Superintendent

Funds Available: \_\_\_\_\_

**ANNA DAPHNE C. MUGAR, CPA**  
 Accountant III

ORS/BURS No. : \_\_\_\_\_

Date of the ORS/BURS: \_\_\_\_\_

Amount : \_\_\_\_\_