Republic of the Philippines
PROVINCE OF SOUTHERN LEYTE
City of Maasin

PURCHASE ORDER
Provincial Government of southern Leyte
Agency/Procuring Entry

Supplier : **METRO RETAIL STORE GROUP, INC.**	P.O. No. : **0009 - A**
Address : Maasin City, Southern Leyte	Date : 29 APR 2020
Tel.No. :	Mode of Procurement: NP-Emergency
TIN :	PR. No./s: 0278

Gentlemen:
Please furnish this office the following articles subject to the terms and condition contained herein

Place of delivery: PGSO
Date of Delivery: Immediately

Item No.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
1	bot	350	Mineral Water, 350ml **NATURE SPRING**	8.25	2,887.50
2	pack	5	Coffee, 50grams **GREAT TASTE**	34.95	174.75
3	can	5	Coffe Creamer, big, 450 grams	86.00	430.00
4	kl	3	Brown Sugar	43.00	129.00
5	pack	25	Powdered Choco Malt Milk Drinks, 12pcs/pack	84.75	2,118.75
6	ties	30	3 in 1 Coffee, 10 pcs/ties **NESCAFE**	58.00	1,740.00
7	can	2	Biscuits **SKYFLAKES**	171.70	343.40
8	pack	30	Biscuits, assorted 10pcs/pack	54.00	1,620.00
9	pack	20	Styro Cups, 25 pcs/pack	38.25	765.00
10	bot	10	Dishwashing Liquid 900ml **YENYEN**	50.95	509.50
11	gal	3	Bleaching Liquid **ZONROX**	134.50	403.50
12	bot	10	Disinfectant Spray, 400grams **SOLBAC**	332.10	3,321.00
14	roll	20.00	Tissue Paper, 2ply	8.00	160.00
22	ream	5	Copy Paper legal	248.75	1,243.75
23	roll	5	Masking Tape 36mm x 20m	77.00	385.00
24	roll	5	Double Sided Tape 1 1/2" x 36mm	45.00	225.00
			For use in PDRRMO		
			24/7 duty/Activation of COVID-19 Emergency Operation Center		

PGSO RECEIVED BY NAME 4/29/2020 DATE

Note: Please see terms and conditions at the back **16,456.15**

(Total Amount in Words) SIXTEEN THOUSAND FOUR HUNDRED FIFTY SIX PESOS & 15/100

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 of everyday of delay shall be imposed.

Conforme:

JOJIE A. DELGADO
Signature Over Printed Name of Supplier

Date

DAMIAN G. MERCADO
Provincial Governor
Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)
Approved per Sanggunian Resolution No.:_____
Certified Correct: _____ Date: _____
Secretary to the Sanggunian