

**PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY**

3rd Flr. PhilFIDA PCAF Bldg., Department of Agriculture, Elliptical Road, Diliman, Quezon City  
Tel no. 928-8756 local 2652 Tele fax no. 721-9813

**PURCHASE ORDER**

Appendix 61

**PHILFIDA**

Entity Name

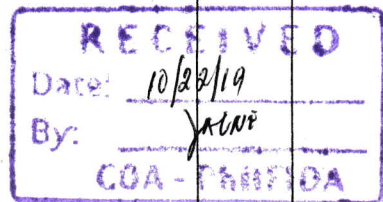
<b>Supplier:</b> RELIQUA TRADING	<b>P.O No.:</b> 040-2019
<b>Address:</b> 541 Halcon St., Barangay Malamig, Mandaluyong City	<b>Date:</b> September 18, 2019
<b>Telephone no.:</b> 4043744	<b>Mobile no.:</b>
<b>Fax no.:</b>	<b>Mode of Procurement:</b> Negotiated / Small Value Procurement
<b>TIN:</b>	

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

**Place of Delivery:** PhilFIDA Office, 3rd Floor, PCAF Bldg., Dep. Of Agriculture., Elliptical Rd. Diliman Q.C. **Delivery Term:** 30 days

**Date of Delivery:** **Payment Term:** 30 days

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	set	<b>Supply and Delivery of First Aid Kit:</b> 1 pc Pouch, Waterproof Material 1 pc Gauze Roller Bandage, 2" x 10Y 1 pair Medical Gloves 3 pcs Medioplast, Waterproof, 25 x 72 3 pcs Gauze Pad, 4" x 4" 5 pcs Alcohol Pad 1 pack Antiseptic Cleaning Wipe 1 pc Medical Tape, 1/2" x 10Y 1 pc Flat Tourniquet, Rubber	25	454.41	11,360.25
Charged to Planning Funds					
				<b>TOTAL</b>	<b>11,360.25</b>



**(Total Amount in Words) ELEVEN THOUSAND THREE HUNDRED-SIXTY PESOS AND TWENTY-FIVE CENTAVOS**

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 underlined item/s.

Conforme:  
  
\_\_\_\_\_  
Signature over Printed Name of Supplier  
Irene A. Errua  
\_\_\_\_\_  
Date  
October 18, 2019

Very truly yours,  
  
\_\_\_\_\_  
Signature over Printed Name of Authorized Official  
KENEDY A. COSTALES  
\_\_\_\_\_  
Executive Director III  
Designation

<b>Fund Cluster:</b>	ORS/BURS No.: <u>19-09-1411</u> Date of the ORS/BURS: <u>09/19/19</u> Amount: <u>11,360.25</u>
<b>Fund Available:</b>	
 _____ Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	