



## REPUBLIC OF THE PHILIPPINES

## SOCIAL SECURITY SYSTEM

Office Address: SSS BLDG. EAST AVE. DILIMAN PINYAHAN, QC NCR 2ND DISTRICT

Tel No: 920-6401 loc 5504 TO 07

Branch: Main Office

Phone: 920-6401

E-mail:

Vendor: COLENT MEDICAL &amp; GRAPHIC INC.

PO/JO/LO No.: 3000021762

Address: 210 Speaker Perez Cor Del Monte

Date: August 13, 2020 OF 1

Quezon City 1105 Philippines

Order Type: PO

APP: 2020 APP No.238

Gentlemen:

Please deliver to our property custodian at the Social Security System the following items:

NO.	PR No.	MAT NO.	DESCRIPTION	UoM	QTY	UNIT COST	AMOUNT
1		2469	14" x 14" X-ray Film - 100pcs/box	PC	1,500	31.62	47,430.00
2		2470	11" x 14" X-ray film - 100pcs/box	PC	1,000	24.88	24,880.00
3		2539	10" x 12" X-Ray Film - 100 pcs/box	BOX	2	1,926.00	3,852.00
4		2471	Fixer Toner - 2L/box	BOX	10	1,495.00	14,950.00
5		2472	Developer toner - 2L/box	BOX	10	2,495.00	24,950.00
6		2473	X-ray Enveloped 14.5 x 17.5 - 100pcs/box	PC	1,500	4.95	7,425.00

Total Amount 123,487.00

HCD, Supplies and materials for use in the SSS Annual Medical and Physical Examination for CY2020 and for Emergency Use (X-ray items)  
(SOC#2020-0083 dated 06/11/2020; 2020 APP#238)

Approved by DMIII Allan Martin M. Gayondato on 08/11/2020, per recommendation of BAC II Res. No. 2020-104-3.1 dated 08/05/2020

Classification: SMI-Xray

Funds Available: P 123,487.00

Delivery Terms: Thirty (30) calendar days upon receipt of approved Purchase Order

Payment Terms: Government Terms (Payment is upon delivery of items/services and submission of billing documents)

Place of Delivery: HCD Ground Floor SSS Main Office East Avenue Diliman Quezon City; Contact Person: Ms. Beth Coronel @ 920-6401 local 5449 &amp; 5444 email: coronelea@sss.gov.ph

Note: Subject to specific warranties appearing at the back thereof.

Delivery: Acceptance of deliveries shall be from Monday to Friday only excluding holiday at 8:00 am to 5:00 pm.

Please submit your Original Delivery Receipt & Invoice, together with the original copy of this Purchase Order to HCD, SSS, Quezon City and Photocopy of Delivery Receipt & Sales Invoice to PPMD.

Reviewed:

  
HYDEE R. RAQUID

Department Manager III-PPMD

Certified:

  
BELINDA B. ELLA

Department Manager III-GAD

Approved:

  
DORENDA M. DASMARINAS  
Acting Vice President for PMD

Conforme:

  
Name of Authorized  
Representative

Signature

Date

10-7-2020



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Department Manager III-PPMD

Certified:

*Belinda B. Ella*  
BELINDA B. ELLA

Department Manager III-GAD

Approved:

*Dorenda M. Dasmariñas*  
DOREND M. DASMARIÑAS  
Acting Vice President for PMD

Conforme:

*Harold Tan Lee*  
Name of Authorized Representative

*Signature*  
Signature

*10-7-2020*  
Date