Development Bank of the Philippines

PURCHASE ORDER

SUPPLIER	: NEW CITIZEN`S DENTAL SUPPLY AND GENERAL MDSE	P.O. NO.	: PO2500239
		DATE	: 7/29/2025
ADDRESS	: 655 P. PATERNO STREET, QUIAPO, METRO MANILA 1001	END USER	: 2340000
		P.R. NO.	: PERD2500336
TIN	: 103-794-486-000		
TEL./FAX NO.	: 733-3769/7339541	MODE OF PROCUREMENT	: Small Value Procurement

Gentlemen:

Please deliver the following article(s), product(s), supplies, or materials listed below, subject to the terms and conditions contained herein:

DESCRIPTION/BRAND/STOCK NO./PRODUCT CODE	QTY.	UNIT	UNIT PRICE	AMOUNT
MICRO APPLICATOR BRUSH TIPS (100`S/BOX)	20	BX	190.00	3,800.00
COTTON ROLL	12	PACK	200.00	2,400.00
COTTON BALLS	15	PACK	100.00	1,500.00
CELLULOID STRIPS (100 PCS/BX)	10	BX	25.00	250.00
SALIVA EJECTOR, DISPOSABLE, CLEAR (100 PCS/PACK)	24	PACK	215.00	5,160.00
COTTON PLIER W/ LOCK	10	PC	125.00	1,250.00
GLOVES, DISPOSABLE, NON-STERILE, EXTRA SMALL	20	BX	370.00	7,400.00
POLISHING AND FINISHING STRIPS	12	BX	400.00	4,800.00
DENTAL MIRROR DEFOGGER	30	BT	115.00	3,450.00
CANKER SORE PAIN RELIEF DRESSING	12	BT	2,000.00	24,000.00
PROPHY BRUSH, NYLON (PER PIECE)	1,000	PC	4.00	4,000.00
SEALANT, PIT AND FISSURE	8	SYRN	1,350.00	10,800.00
RESIN LIQUID, SELF-CURED	2	BT	60.00	120.00
DENTAL INSTRUMENT DISINFECTANT, 30ML	60	BT	115.00	6,900.00
GLOVES, DISPOSABLE, NON-POWDERED, MEDIUM	20	BX	320.00	6,400.00
STERILIZATION POUCH	200	PC	4.50	900.00
			TOTAL AMOUNT:	83,130.00

TOTAL AMOUNT IN WORDS :	Eighty Three Thousand One Hundred Thirty And XX/100 Pesos Only ***		
PLACE OF DELIVERY :	DBP HEAD OFFICE	DELIVERY TERM :	Per Terms of Reference
DATE OF DELIVERY :	20 calendar days after the receipt of Notice to Proceed	PAYMENT TERM :	Per Terms of Reference
TIME OF DELIVERY :	OFFICE HOURS (8:00 AM - 4:30 PM)	COUNTRY OF ORIGIN :	Philippines

Subject to the following conditions:

1. The above prices are inclusive of V.A.T.
2. For every day of delay, 1/10 of 1% of the price of the undelivered quantity will be deducted from the total price.
3. Items delivered are subject to inspection and acceptance prior to payment.
4. When requesting payment, please present your Billing Statement/Statement of Account/Sales Invoice/Charge Slip, as the case may be.
5. If delivery cannot be completed within the specified date, please return this P.O. stating your reason(s) therefor. Otherwise, we will take necessary action to protect the interest of the DBP.
6. This transaction shall be subjected to the specific terms and conditions set forth in the Terms of Reference/Scope of Works/Technical Specifications.
7. Further, the following documents shall be attached, deemed to form, and be read and construed as part of this Purchase Order, to wit:
   - General and Special Conditions of Contract;
   - Terms of Reference/Scope of Works/Technical Specifications; and
   - Other contract documents that may be required by existing laws and/or DBP.
8. For the avoidance of doubt, in the conflict or inconsistency between the above-mentioned documents and this Purchase Order of precedence shall be:
   - The General and Special Conditions of Contract;
   - The Terms of Reference/Scope of Work/Technical Specifications; and
   - This Purchase Order.

PROCESSED : SIGNED	We accept this Purchase Order with all its terms and conditions. We certify that we have not given nor did we intend to give any amount of money or gift in any form whatsoever to any official or employee of the DBP for the purpose of securing this P.O. or having the payment hereof expedited. We understand and accept that such acts on our part shall constitute sufficient ground for the DBO to revoke this P.O. and cause us to be excluded from further dealings with the Bank.
CHECKED : SIGNED SM RAYMOND Q. CHANYONGCO HEAD, PROCUREMENT UNIT	SIGNED NEW CITIZEN`S DENTAL SUPPLY AND GENERAL MDSE (Printed Name of Supplier / Contractor) By: (Duly Authorized Representative)
APPROVED : SIGNED VP FE B. DELA CRUZ HEAD, BMD	SIGNATURE : NAME : MS. LALEN B. FERNANDEZ POSITION : SALES REPRESENTATIVE DATE : 7-30-25

HEAD OFFICE: SEN. GIL J. PUYAT AVENUE CORNER MAKATI AVENUE, MAKATI CITY, PHILIPPINES
P.O. BOX 1596, MAKATI CENTRAL POST OFFICE 1200
TELEPHONE: (02) 8818 95 11
FAX NO.: (02)8815-16-14
E-MAIL: [illegible]