

PURCHASE ORDER

INSURANCE COMMISSION 1071 U.N. Avenue, Manila

Supplier:	Pureform Cosmetics Products Incorporated
Address:	610 Blumentrit Ext., Sampaloc, Manila

PO NO. 2020-04-034

Date: 1 April 2020 programy Procurement
Mode of Procurement: Linder Bayanihan Act.

nish this Off						,		
	ffice the following articles subject to the terms and c	onditions contained he	erein:					
Place of Delivery : INSURANCE COMMISSION					Delivery Term : Payment Term : Check			
Jnit	Description			Quantity	Unit Cost	Amount		
				1000 25	95.10 634.00	95,100.00 15,850.00		
	110,950.00/1.12	99,062.50	110,950.00					
59	% Witholding Tax From :	99,062.50X5% 99,062.50X1%	4,953.13 990.63 105,006.25	4fer				
(anda) ONE	F HINDDED TEN THOUGAND NINE HINDDED E	TIETY DESOS ONLY				110,950.00		
			Very truly yours. REVELYN R MOJICA Signature over Printed Name of Authorized Official IC Division Manager, Administrative Division Designation					
ignature ov	PAMELA F PITAS			ORS/BURS N Date of the O Amount :	lo.:	-04-0292 04/02/2000 UNO, QO		
	Jords ONI Tords ONI to make the signature of the signat	Juit Description Ottle Alcohol 500ml Alcohol - GALLON Total Amount: 110,950.00/1.12 Less: 5% Witholding Tax From: 1% Expanded with Tax From: 1% Expanded with Tax From: Total Amount: 110,950.00/1.12 Less: 5% Witholding Tax From: 1% Expanded with Tax From: Date Pame A PITAS ignature over Printed Name of Chief Accountant/Head of Agrounting Division/Unit	Double Description Total Amount: 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,950.00/1.12 110,9	Unit Description Total Amount: 110,950.00/1.12 110,950.00/1.12 110,950.00 Less: 5% Witholding Tax From: 99,062.50X5% 4,953.73 1% Expanded with Tax From: 99,062.50X1% 990.63 105,006.28 Fords) ONE HUNDRED TEN THOUSAND NINE HUNDRED FIFTY PESOS ONLY. to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percentage over Printed Name of Supplier Date Pame La F PITAS Ignature over Printed Name of Chief Accountant/Head of Agrounting Division/Unit	Description Quantity Alcohol 500ml Alcohol - GALLON Total Amount: 110,950.00/1.12 Less: 5% Witholding Tax From: 99.062.50X5% 99.063.50X1% 990.63 105,006.26 Fords) ONE HUNDRED TEN THOUSAND NINE HUNDRED FIFTY PESOS ONLY. to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every diversity of the full delivery within the time specified above. Date ORS/BURS N Date of the C Amount: ignature over Printed Name of Chief Accountant/Head of Agcounting Division/Unit	Payment Term Check Description		