



PURCHASE ORDER CITY OF BATAC

Supplier: HEALTHPRO GENERICS AND MEDICAL SUPPLIES	P.O. No: <i>100-2020-04-025</i>
Address: <i>Laoag City</i>	Date: <i>4-19-2020</i>
E-mail Address:	Mode of Procurement: <i>Direct Buy</i>
Telephone No.:	PR No.: <i>100-2020-04-025</i>
TIN:	Date: <i>4-16-2020</i>

Gentlemen:

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

Place of Delivery : GSO	Delivery Term: within ___ days upon receipt of NTP.
Date of Delivery : W/IN ___ DAYS UPON RECEIPT OF NTP	Payment Term:

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	72100	pcs	Face Mask, washable, cloth	20.00	1,442,000.00

(TOTAL AMOUNT IN WORDS) <i>One million four hundred forty two thousand pesos</i>	1,442,000.00
--	---------------------

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one for everyday of delay shall be imposed.

Very truly yours,

Conforme:

[Signature]
HEALTHPRO GENERICS AND MEDICAL SUPPLIES

Signature Over Printed Name

4-19-2020

Date (mm/dd/yyyy)

[Signature]
ENGR. ALBERT D. CHUA
City Mayor

(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