



PURCHASE ORDER CITY OF BATAC

Supplier: HEALTHPRO GENERICS AND MEDICAL SUPPLIES	P.O. No: <i>110-2020-04-025</i>
Address: <i>Laoag City</i>	Date: <i>4-21-2020</i>
E-mail Address:	Mode of Procurement: <i>Emergency</i>
Telephone No.:	PR No.: <i>100-2020-04-025/A</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	3633	box	Multivitamins capsule	350.00	1,271,550.00
2	3500	bot	Multivitamins syrup 60 ml	58.00	203,000.00

(TOTAL AMOUNT IN WORDS) <i>One million four hundred seventy thousand five hundred fifty pesos</i>	1,474,550.00
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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:


HEALTHPRO GENERICS AND MEDICAL SUPPLIES

Signature Over Printed Name

4-21-2020

Date (mm/dd/yyyy)


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