



PURCHASE ORDER CITY OF BATAC

Supplier: HEALTHPRO GENERICS AND MEDICAL SUPPLIES	P.O. No: <i>NO-2020-04-026</i>
Address: Laoag City	Date: <i>1-21-2020</i>
E-mail Address:	Mode of Procurement: <i>Emergency</i>
Telephone No.:	PR No.: <i>100-2020-04-035B</i>
TIN:	Date: <i>1-16-20</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 NTF
Date of Delivery : W/IN ___ DAYS UPON RECEIPT OF NTP	Payment Term:

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	30	unit	IV Stand	2,450.00	73,500.00
2	30	unit	Foot Stool	2,120.00	63,600.00
3	30	unit	Bed side Cabinet	7,800.00	234,000.00
4	30	set	Linen Set	1,630.00	48,900.00
5	120	boxes	Disposable Goves	550.00	66,000.00

(TOTAL AMOUNT IN WORDS) <i>Four Hundred Eighty Six Thousand Pesos</i>	486,000.00
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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)

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