



PURCHASE ORDER CITY OF BATAC

ACCOUNTING COPY

Supplier: HEALTHPRO GENERICS AND MEDICAL SUPPLIES	P.O. No: <i>A/O 2221-09-009</i>
Address: Laoag City	Date: JUL 07 2021
E-mail Address:	Mode of Procurement: <i>Emergency</i>
Telephone No.: <i>0938337333</i>	PR No.: <i>W-2021-09-009</i>
TIN: <i>134-728.925-00</i>	Date: <i>7-1-2021</i>

Gentlemen:

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

Place of Delivery : GSO	Delivery Term: <i>For destination, freight paye</i>
Date of Delivery : WIN 20 DAYS UPON RECEIPT OF NTP	Payment Term: <i>9/30</i>

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	350	pc	Personal Protective Equipment (PPE), XL	900.00	315,000.00
2	350	pc	Personal Protective Equipment (PPE), XXL	900.00	315,000.00
3	150	box	Glove, Latex, powder free, large 100s	1,150.00	172,500.00
4	590	box	Disposable Facemask, 3ply	248.00	146,320.00
5	700	pc	Faceshield w/ foam	50.00	35,000.00
6	10	pack	Disposable Bouffant Cap, 100's	500.00	5,000.00
7	200	pc	Facemask N95	300.00	60,000.00
8	600	gal	Alcohol, 70%, Isopropyl	650.00	390,000.00
9	500	pack	Paper Towel, Interfolded, 140 pulls	80.00	40,000.00
10	200	pc	Faceshield	25.00	5,000.00
11	78	pc	Spray Bottle	60.00	4,680.00

(TOTAL AMOUNT IN WORDS)	One Million Four Hundred Eighty Eight Thousand Five Hundred Pesos	1,488,500.00
-------------------------	---	---------------------

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:

HEALTHPRO GENERICS AND MEDICAL SUPPLIES

Signature Over Printed Name

7-7-2021

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