PURCHASE ORDER
CITY OF BATAC

Supplier: **HEALTHPRO MEDICAL AND DIAGNOSTIC SUPPLIES**	P.O. No: NO-2021-09-010
Address: LAOAG CITY, ILOCOS NORTE	Date: 9-8-2021
E-mail Address:	Mode of Procurement: Emergency
Telephone No.:	P.R. No: 100-2021-08-109
TIN:434-728-935-00	Date 8/31/2021

Gentlemen:

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

Place of Delivery: GSO, CITY HALL, CITY OF BATAC, I.N.	Delivery Term: FOB destination; freight prepaid
Date of Delivery: w/in 20 days upon receipt of NTP	Payment Term: n/120

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	3000	BOX	FACE MASK, DISPOSABLE, 3 PLY (FDA APPROVED)	228.00	684,000.00
2	9000	PIECES	FACE SHIELD ORDINARY	25.00	225,000.00
3	6000	PIECES	HAND SOAP, 75 GRAMS	25.00	150,000.00
4	3000	BOTTLES	ISOPROPHYL ALCOHOL, 70% SOLUTION (500ML)	119.00	357,000.00
(TOTAL AMOUNT IN WORDS)			ONE MILLION FOUR HUNDRED SIXTEEN THOUSAND AND 00/100 PESOS ONLY		**1,416,000.00**

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

Very truly yours,

ENGR. ALBERT D. CHUA
City Mayor

Conforme:

ERIC E. ANTONIO
Signature Over Printed Name

9-9-2021
Date (mm/dd/yyyy)