



PURCHASE ORDER CITY OF BATAC

ORIGINAL COPY

Supplier: HEALTHPRO GENERICS AND MEDICAL SUPPLIES	P.O. No: <i>MO-2021-09-017</i>
Address: LAOAG CITY	Date: <i>9-15-2021</i>
E-mail Address:	Mode of Procurement: <i>Emergency</i>
Telephone No: <i>09933377333</i>	PR No.: <i>MO-2021-09-067</i>
TIN:	Date: <i>9-9-2021</i>

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

Place of Delivery : <i>GSD, City Hall, City of Batac, I.L.</i>	Delivery Term: <i>FOB destination, freight prepaid</i>
Date of Delivery : <i>within 10 days upon receipt of NTP</i>	Payment Term: <i>nl/20</i>

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	180	pairs	Shoe Cover, high cut	75.00	13,500.00
2	150	pcs	Medical Grade PPE, medium	740.00	111,000.00
3	200	pcs	Medical Grade PPE, large	740.00	148,000.00
4	250	pcs	Medical Grade PPE, XXL	750.00	187,500.00
5	300	pcs	Medical Grade PPE, XL	740.00	222,000.00
6	50	boxes	Disposable gloves, latex, large	950.00	47,500.00
7	100	pcs	Face Shield with foam	50.00	5,000.00
8	20	packs	Bouffant cap	480.00	9,600.00
9	100	boxes	Face mask, N95, 3M	275.00	27,500.00
10	4	units	Oxygen Tank, 50lbs	14,800.00	59,200.00
11	4	units	Oxygen Tank, 20lbs	12,000.00	48,000.00
12	700	boxes	Face mask, 3 ply, FDA Approved	228.00	159,600.00
13	10	pcs	BP Apparatus with Stethoscope	3,500.00	35,000.00
14	6	pcs	BP Apparatus with Stethoscope, Pediatric	4,000.00	24,000.00
15	30	pcs	Thermal Scanner	900.00	27,000.00
16	90	pcs	Bottle Sprayer	80.00	7,200.00
17	25	bot	Disinfectant Solution	2,600.00	65,000.00
18	10	pcs	Utility Trolley Cart	1,500.00	15,000.00
19	30	gal	Alcohol, gal	630.00	18,900.00

TOTAL AMOUNT IN WORDS) **ONE MILLION TWO HUNDRED THIRTY THOUSAND FIVE HUNDRED PESOS** **1,230,500.00**

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,

ENGR. ALBERT D. CHUA
City Mayor

Conforme: _____
HEALTHPRO GENERICS AND MEDICAL SUPPLIES
Signature Over Printed Name
9-15-2021

Date (mm/dd/yyyy)

(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