

**PURCHASE ORDER
CITY OF CALAPAN**

8/1/20

Supplier: <u>ARXMEDICA MARKETING</u>	P.O. No.: _____
Address: <u>78 F. LAURENA ST. BRGY. 1 TANAUAN</u>	Date: _____
<u>BATANGAS CITY</u>	Mode of Procurement: <u>OMMU VMUE</u>
TIN: <u>272465012000</u>	PR No./s: _____

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


Place of Delivery: <u>BOTIKA NG BAYAN</u>	Delivery Term: <u>FOB Destination</u>
Date of Delivery: <u>WITHIN 30 DAYS UPON RECEIPT OF PO</u>	Payment Term: <u>N/60</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	BXS	EMPAGLIFLOZIN + LINAGLIPTIN 10MG/5MG TAB 30'S	10	2,597.00	25,970.00
2	BXS	EMPAGLIFLOZIN + LINAGLIPTIN 25MG/5MG TAB 30'S	10	2,597.00	25,970.00
3	BXS	EMPAGLIFLOZIN 10MG TAB 30'S	15	1,477.00	22,155.00
4	BXS	EMPAGLIFLOZIN 25MG TAB 30'S	10	1,597.00	15,970.00
5	BXS	GEMIGLIPTIN 50MG TAB 28'S	30	1,200.00	36,000.00
6	BXS	INSULIN DEGLUDEC / INSULIN ASPART 100/ml Sol'n Inj 3ml 5'S	2	4,797.00	9,594.00
7	BXS	INSULIN GLARGINE 300IU 3/ml Sol'n Inj 5'S	3	1,647.00	4,941.00
8	BXS	70% HUMAN INSULIN ISOPHANE SUSP, 30% HUMAN	2	2,522.00	5,044.00
9	BXS	LINAGLIPTIN 5MG TAB 30'S	10	1,337.00	13,370.00
10	BXS	SITAGLIPTIN + METFORMIN HCL 50/500MG TAB 28'S	10	692.00	6,920.00
11	BXS	SITAGLIPTIN + METFORMIN HCL 50/1G TAB 28'S	10	727.00	7,270.00
12	BXS	TELMISARTAN + HCTZ 40MG/12.5MG TAB 30'S	30	717.00	21,510.00
13	BXS	TELMISARTAN 40mg TAB 30'S	50	717.00	35,850.00
14	BXS	TELMISARTAN 80mg TAB 30'S	10	1,247.00	12,470.00
TOTAL					

(Total Amount in Words) **TWO HUNDRED FORTY THREE THOUSAND AND THIRTY FOUR PESOS ONLY.** **243,034.00**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme: _____

Very truly yours,

MARILOU F. MORILLO
City Mayor

Signature over Printed Name of Supplier

Date

(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: _____

Secretary to the Sanggunian

Date