

PURCHASE ORDER

CITY OF CALAPAN

SV/P-6

Supplier : H. P. G. DENTAL LABORATORY	P.O No. _____
Address : <u>Barcenaga, Naujan, Oriental Mindoro</u>	Date _____
TIN _____	Mode of Procurement : Small Value
	PR No./s: 0250

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


Place of Delivery : <u>CHSD</u>	Delivery Term: FOB Destination
Date of Delivery : <u>within 30 days upon receipt of P.O.</u>	Payment Term: N/60

Stock/ Property No.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	lot	Professional Fee / Laboratory Fee	50	1,500.00	75,000.00
		TOTAL			75,000.00

(Total Amount in Words): **Seventy five thousand pesos**

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

Very Truly yours,


MARILOU F. MORILLO
City Mayor

Conforme:

HERMINE L. D. CASIS
H. P. G. DENTAL LABORATORY
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: _____ Date: _____
Secretary to the Sanggunian