

PURCHASE ORDER

CITY OF GALAPAN

8V/p.o

Supplier : <u>CHUABELS CONSUMER GOODS TRADING</u>	P.O No. : _____
Address : <u>Balite, Calapan City</u>	Date : _____
TIN : <u>497-374-165-000</u>	Mode of Procurement : <u>Small Value</u>
	PR No./s: <u>1976</u>

Gentlemen:

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

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

Stock/ Property No.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	kit	WYD Iodine Testing Kit	1	50,400.00	50,400.00
		TOTAL			50,400.00

(Total Amount in Words): Fifty thousand four hundred 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. MERRILO
City Mayor

Conforme:

CHUABELS CONSUMER GOODS TRADING

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.)