

PURCHASE ORDER

CITY OF CALAPAN

Supplier : POLYCARE PHARMACY	P.O No. : <u>1015</u>
Address : San Isidro, Puerto Galera	Date : <u>07.23.21</u>
TIN : <u>323-571-231</u>	Mode of Procurement : Small Value
	PR No./s: <u>1017</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: 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
		Lot 2: Assistive Devices			
1	pcs	Wheelchair	30	6,695.00	200,850.00
2	pcs	Foldable walker	4	2,495.00	9,980.00
3	pcs	Single cane	25	745.00	18,625.00
4	pcs	Large cane	2	1,195.00	2,390.00
5	pcs	Crutches	5	1,095.00	5,475.00
TOTAL					237,320.00


(Total Amount in Words): Two hundred thirty seven three hundred twenty 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:


 POLYCARE PHARMACY
 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