

PURCHASE ORDER
CITY OF CALAPAN

Supplier: PHARMAINE PHARMACEUTICAL PRODUCTS DISTRIBUTION	P.O. No.: <u>1274</u>
Address: 9127, STA. VERONICA SAN PABLO CITY	Date: <u>08.22.21</u>
LAGUNA	Mode of Procurement: SMALL VALUE
TIN: <u>429-129-892-000</u>	PR No./s: _____

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

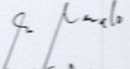
Place of Delivery: BOTIKA NG BAYAN	Delivery Term FOB Destination
Date of Delivery: WITHIN 30 DAYS UPON RECEIPT OF PO	Payment Term N/60

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	BXS	EMPAGLIFLOZIN + LINAGLIPTIN 10MG/5MG TAB 30'S	30	2,462.78	73,883.40
2	BXS	EMPAGLIFLOZIN + LINAGLIPTIN 25MG/5MG TAB 30'S	30	2,462.82	73,884.60
3	BXS	EMPAGLIFLOZIN 10MG TAB 30'S	35	1,621.78	56,762.30
4	BXS	EMPAGLIFLOZIN 25MG TAB 30'S	35	1,681.97	58,868.95
5	BXS	GEMIGLIPTIN 50MG TAB 28'S	30	1,513.88	45,416.40
6	BXS	INSULIN GLARGINE 100IU 3/ml Sol'n Inj 5'S	3	4,626.86	13,880.58
7	BXS	IRBESARTAN 150MG TAB 28'S	10	734.83	7,348.30
8	BXS	LINAGLIPTIN + METFORMIN 2.5MG/500MG TAB 60'S	5	1,741.94	8,709.70
9	BXS	LINAGLIPTIN 5MG TAB 30'S	50	1,680.92	84,046.00
10	BXS	TELMISARTAN + AMLODIPNE 40MG/5MG TAB 30'S	32	810.68	25,941.76
11	BXS	TELMISARTAN + AMLODIPNE 80MG/5MG TAB 30'S	10	1,170.00	11,700.00
12	BXS	TELMISARTAN + HCTZ 40MG/12.5MG TAB 30'S	30	751.93	22,557.90
13	BXS	TELMISARTAN 40mg TAB 30'S	30	751.81	22,554.30
14	BXS	TELMISARTAN 80mg TAB 30'S	10	1,321.79	13,217.90
15	BXS	VILDAGLIPTIN + METFORMIN 50/500MG TAB 30'S	30	942.28	28,268.40
TOTAL					547,040.49

(Total Amount in Words) FIVE HUNDRED THOUSAND FORTY PESOS AND 49/100. 547,040.49

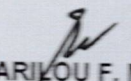
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:


MA. JOSELLE ELVAINE P. NATIVIDADO-MANALO
 Signature over Printed Name of Supplier

_____ Date

Very truly yours,


MARILOU F. MORILLO
 City Mayor

(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