

PURCHASE ORDER

CITY OF CALAPAN

Supplier	: SOUTHERN MEDITECH MEDICAL EQUIPME	P.O No.	: <u>2572</u>
Address	: <u>Calapan City</u>	Date	: <u>12.27.24</u>
TIN	: <u>475-037-639-00001</u>	Mode of Procurement	: <u>Small value</u>
		PR No./s:	

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	vials	Lyophilized inactivated purfide rabies vaccine prepared on vero cells powder for injection (vial + 0.5ml diluent) 2.5iu	576	1,299.85	748,713.60
		TOTAL			748,713.60


(Total Amount in Words): **Seven hundred forty eight thousand seven hundred thirteen pesos and 60/100**

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. MARILO
 City Mayor

Conforme:


SOUTHERN MEDITECH MEDICAL EQUIPMENT
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