

PURCHASE ORDER

Cuyapo, Nueva Ecija
LGU

Supplier : HARMATEK PHARMA AND MEDICAL SUPPLIES TRADING OR EUNICA JILL E. SANTO	P.O. No. : 2024-05-50481
Address : Cuyapo, N.E.	Date :
TIN : Vat Reg: 459-894-164-00001	Mode of Procurement : Shopping
Gentlemen:	PR No./s 2024-02-50057

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

Place of Delivery : _____	Delivery Term : _____
Date of Delivery : _____	Payment Term : _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	Bottles	Amoxicillin 250mg/5ml, 60ml Syrup	250	45.00	11,250.00
	Boxes	Amoxicillin 500mg Cap	50	235.00	11,750.00
	Bottles	Amoxicillin 100mg/ml, 10ml Drops	20	35.00	700.00
	Bottles	Clarithromycin 125mg/5ml, 60ml Susp	90	210.00	18,900.00
		Co-Amoxiclav - 400mg Amox + 57mg Potassium Clavulanate			
	Bottles	70ml Susp	10	300.00	3,000.00
	Boxes	Paracetamol 500mg Tab	50	200.00	10,000.00
	Bottles	Paracetamol 250mg/5ml, 60ml Susp	140	35.00	4,900.00
	Bottles	Paracetamol 100mg/ml, 15ml Drops	50	25.00	1,250.00
	Bottles	Salbutamol 2mg/5ml, 60ml Sy	20	45.00	900.00
	Bottles	Cefalexin 250mg Susp	50	45.00	2,250.00
	Boxes	Cefalexin 500mg Cap	15	590.00	8,850.00
	Bottles	Cetirizine 10mg Drops	50	30.00	1,500.00
	Bottles	Guaifenesin Syrup	100	50.00	5,000.00
	Boxes	Lagundi 600mg Tab	50	600.00	30,000.00
	Bottles	Lagundi 300mg Syrup	120	70.00	8,400.00
	Bottles	Cloxacillin 250mg Susp	37	70.00	2,590.00
	Boxes	Hyoscine Tab	5	40.00	200.00
	Bottles	Dicycloverine Syrup	20	40.00	800.00
	Boxes	Dicycloverine Tab	8	120.00	960.00
	Bottles	Metoclopramide Syrup	10	45.00	450.00
		Co-Amoxiclav - 500mg Amox + 125mg Potassium			
	Boxes	Clavulanate Tab	10	340.00	3,400.00
	Boxes	Aluminum Magnesium Tabs	8	200.00	1,600.00
	Boxes	Omeprazole 40mg	2	800.00	1,600.00
	Pcs	Ketoconazole	5	100.00	500.00
	Boxes	Cloxacillin 500mg	7	500.00	3,500.00
	Boxes	Cefixime 200mg	5	600.00	3,000.00
	Boxes	Cinnarizine Tab	24	250.00	6,000.00
	Bottles	Cetirizine 5mg/5ml	10	80.00	800.00
	Boxes	Multivitamins syrup with Iron	50	95.00	4,750.00


(Total Amount in Words) One hundred forty eight thousand eight hundred only **148,800.00**

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:

Very truly yours,

Signature over Printed Name of Supplier


FLORIDA P. ESTEBAN, M.D.
Municipal Mayor
(Authorized Official)

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:

Secretary to the Sanggunian

Date

05-25-24