


PURCHASE ORDER

Cuyapo, Nueva Ecija
LGU

Supplier : MEDRISE PHARMACY OR TONITHICIA L. PRINCIPI		P.O. No. : 2024-07-50719			
Address : Cuyapo, N.E.		Date :			
TIN : Vat Reg: 459-894-164-00001		Mode of Procurement : Shopping			
		PR No./s 2024-4410-04-0019			
Gentlemen: 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
	box	Lidocaine 4ml amp	35	2,900.00	101,500.00
	roll	Cotton roll	6	340.00	2,040.00
	gal	alcohol 70%	4	450.00	1,800.00
	pc	periodontal probe	1	240.00	240.00
	set	gracey curette set of 6 tips, non magnetic hollow handle	1	800.00	800.00
	bottle	gargle betadine 240ml	8	800.00	6,400.00
	box	dental needle long	8	560.00	4,480.00
	pack	disposable surgical head cap	2	480.00	960.00
	box	gloves medium	30	580.00	17,400.00
	box	gloves small	10	580.00	5,800.00
	pc	kidnie toothbrush	1500	15.00	22,500.00
	pack	disposable dental bib	6	480.00	2,880.00
	set	portable saliva ejector	2	2,900.00	5,800.00
	pack	disposable saliva ejector tip	8	450.00	3,600.00
	box	dental elevator #304	4	800.00	3,200.00
	pc	pedo forcep #150	1	1,100.00	1,100.00
	pc	pedo forcep #151	1	1,100.00	1,100.00
	pc	cotton pliers w/ lock	3	170.00	510.00
	pack	sterilization pouch medium	6	900.00	5,400.00
	pr	waste receiver stainless	1	290.00	290.00
	pc	cotton dispenser stainless	1	290.00	290.00
	box	dental scalie short	4	580.00	2,320.00
(Total Amount in Words) One hundred ninety thousand four hundred ten only					190,410.00
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. ESPEBAN, M.D.			
_____		Municipal Mayor (Authorized Official)			
Date					
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 11601, this portion must be accomplished.)					
Approved per Sanggunian Resolution No. _____					
Certified Correct:					

Secretary to the Sanggunian		Date			