

PURCHASE ORDER

Cuyapo, Nueva Ecija
LGU

Supplier : MEDRISE PHARMACY OR TONI TRICIA I. PRINCIPE	P.O. No. : 2024-05-SO480
Address : Cuyapo, N.E.	Date :
TIN : Vat Reg: 459-894-164-00001	Mode of Procurement : Shopping
	PR No./s 2024-04-SO380

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
	Boxes	Amlodipine 10mg Tab	100	150.00	15,000.00
	Boxes	Gliclazide 30mg MR Tab	100	250.00	25,000.00
	Boxes	Losartan 50mg Tab	150	220.00	33,000.00
	Boxes	Glibenclamide 5mg	50	160.00	8,000.00
	Boxes	Glimepiride 2mg Tab	50	200.00	10,000.00
	Boxes	Simvastatin 20mg Tab	100	500.00	50,000.00
	Boxes	Metoprolol 50mg Tab	14	250.00	3,500.00
	Boxes	Losartan 100mg Tab	50	250.00	12,500.00
	Boxes	Metformin Hydrochloride 500mg Tab	95	250.00	23,750.00
	Boxes	Amlodipine 5 mg Tab	100	150.00	15,000.00

(Total Amount in Words) One hundred ninety five thousand seven hundred fifty only **195,750.00**

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