

**PURCHASE ORDER**

Cuyapo, Nueva Ecija

LGU

|   |                                       |
|---|---------------------------------------|
| <b>Supplier :</b> MEDRISE PHARMACY OR TONI TRICIA I. PRINCIPE | <b>P.O. No. :</b> 2024-07-SO715       |
| <b>Address :</b> Cuyapo, N.E.                                 | <b>Date :</b>                         |
| <b>TIN :</b> Vat Reg: 459-894-164-00001                       | <b>Mode of Procurement :</b> Shopping |
| <b>Gentlemen:</b>   | <b>PR No./s</b> 2024-07-SO720         |

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

|                                  |                              |
|----------------------------------|------------------------------|
| <b>Place of Delivery :</b> _____ | <b>Delivery Term :</b> _____ |
| <b>Date of Delivery :</b> _____  | <b>Payment Term :</b> _____  |

| Stock/ Property No. | Unit  | Description        | Quantity | Unit Cost | Amount     |
|---------------------|-------|--------------------|----------|-----------|------------|
|                     | Vials | Chirorab           | 100      | 1,650.00  | 165,000.00 |
|                     | Boxes | Tuberculin Syringe | 15       | 1,450.00  | 21,750.00  |


**[Total Amount in Words]** One hundred eighty six thousand seven hundred fifty only **186,750.00**

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