

**PURCHASE ORDER**

Cuyapo, Nueva Ecija

LGU

Supplier Address: <b>MEDRISE PHARMACY OR TONI TRICIA I. PRINCIPE</b> Cuyapo  TIN: <b>Vat Reg: 459-894-164-00001</b>	P.O. No.: <b>2024-06-50561</b> Date: _____ Mode of Procurement: <b>Shopping</b> PR No./s: <b>2024-4410-05-0022</b>
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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
	Pcs	Pills (Combined only Pills)	1000	60.00	60,000.00
	Pcs	DMPA Injectable (Depo)	500	170.00	85,000.00
	Pcs	Exciuton Pills	200	150.00	30,000.00
	Pcs	Band Aid	300	2.00	600.00
	Pcs	Elastic Bandage 7.5cm X 5m	100	50.00	5,000.00
	Pcs	Micropore	100	30.00	3,000.00
	Pcs	Surgical Blade (Cutting)	50	20.00	1,000.00

(Total Amount in Words) **One hundred eighty four thousand six hundred only** **184,600.00**

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.

Conformer: _____  _____ Signature over Printed Name of Supplier  _____ Date	Very truly yours,   <b>FLORIDA P. ESTEBAN, M.D.</b> Municipal Mayor (Authorized Official)
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(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