

PURCHASE ORDER  
CITY OF CALAPAN

Supplier: <u>NORTHSOUTH HEALTH PRODUCTS TRADING</u>	P.O. No.: <u>0403</u>
Address: <u>188 P. ALCANTARA STREET, SAN PABLO CITY</u>	Date: <u>04-10-25</u>
<u>LAGUNA</u>	Mode of Procurement: <u>SMALL VALUE</u>
TIN: <u>909-762-729-00000</u>	PR No./s: _____

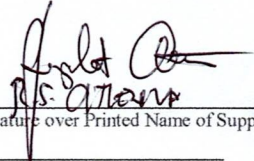
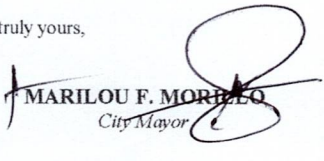
Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: <u>BOTIKA NG BAYAN</u>	Delivery Term: <u>FOB Destination</u>
Date of Delivery: <u>WITHIN 30 DAYS UPON RECEIPT OF PO</u>	Payment Term: <u>N/60</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	VIALS	Rabies vaccine Lyophilized inactivated purified rabies vaccine prepared	500	1,230.00	615,000.00
					615,000.00

(Total Amount in Words) SIX HUNDRED FIFTEEN THOUSAND PESOS ONLY.

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	MARILOU F. MORILLO City Mayor
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
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