

PURCHASE ORDER
CITY OF CALAPAN

Supplier	: SOUTHERN MEDITECH MEDICAL EQUIPME	P.O No.	:
Address	: Calapan City	Date	: 05.19.21
		Mode of Procurement	: small value
TIN	: 475-037-639-00001	PR No./s:	: 0665

Gentlemen:

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

Place of Delivery	: CHSD	Delivery Term:	FOB Destination
Date of Delivery	: within 30 days upon receipt of P.O.	Payment Term:	N/60

Stock/ Property No.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	vials	Lyophilized inactivated purified rabies vaccine prepared on vero cells powder for injection (vial + 0.5ml diluent) 2.5iu	500	1,289.75	644,875.00
		TOTAL			644,875.00

(Total Amount in Words): Six hundred forty four thousand eight hundred seventy five pesos only.

In case of failure to make the full delivery within the specified above, a penalty of one - tenth (1/10) of one (1) percent for every day of delay shall be imposed on the undelivered items.

Very Truly yours,

MARILOU F. MORILLO
City Mayor

Conforme:


SOUTHERN MEDITECH MEDICAL EQUIPMENT
Signature Over Printed Name of Supplier

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: _____ Date: _____

Secretary to the Sanggunian