PURCHASE ORDER

CITY OF CALAPAN

Supplier Address TIN		: THREE DRAGONS NON-SPECIALIZEDWHO : Calapan City	Date Mode of Pro	P.O No. Date Mode of Procurement PR No./s:	
I IIN		: 128 - 807 - 277 - 000	PK No./s:		0289
Gentlemer	n:				
	Please furr	nish this office the following articles subject to the ter	ms and conditions con	tained herein:	
Place of D	elivery	: CHSD	Delivery Term:	FOB Destnati	on
Date of De	elivery	: within 30 days upon receipt of P.O.	Payment Term:	N/60	
Stock/ Property No.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT COST	TOTAL COST
	***************************************	Lot 2: Medical Supplies			
1	rolls	Gauze roll 28x24	2	1,235.50	2,471.00
2 3	sets bxs	Surgical minor set Chromic gut 3.0 12's	3 10	1,483.00 508.00	4,449.00 5,080.00
4	rolls	Gauze roll 36x100	10	1,148.00	11,480.00
5	bxs	Sterile gloves size 8	5	848.00	4,240.00
6	bxs	Sterile gloves size 7	15	848.00	12,720.00
7	packs	Headcap	10	151.00	1,510.00
8	bxs	KY Jelly tube	5	185.00	925.00
9	pcs	Kelly pad	3	1,307.00	3,921.00
10	pcs	Oxygen cannula pedia	10	33.00	330.00
11	pcs	Oxygen cannula adult	10	33.00	330.00
12	packs	Sanitex Sanitary or Maternity Pad	100	151.00	15,100.00
13 14	gals	Chlorine Cidex	20	1,077.00	21,540.00
15	gals bx	Syringe 5cc	3	2,038.00 1,468.00	6,114.00 1,468.00
16	bxs	Syringe 3cc	20	1,413.00	28,260.00
17	bx	Syringe 1cc	1	1,198.00	1,198.00
18	pack	Tongue depressor	1 1	185.00	185.00
19	packs	Underpad pack	25	202.00	5,050.00
20	units	Bedside table	4	11,048.00	44,192.00
21	gals	Alcohol	8	610.00	4,880.00
22	pcs	Bedpan metal	2	1,398.00	2,796.00
23	pc	Foot stool	1	1,358.00	1,358.00
24	pcs	Foam mattress single 6 inches (36x75x4cm)	4	5,438.00	21,752.00
		TOTAL			201,349.00
(Total Amo	ount in Wor	rds): Two hundred one thousand three hundred	forty nine pesos only	<u> </u>	
		failure to make the full delivery within the specified a y of delay shall be imposed on the undelivered items			of one (1)
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				APILOUE MA	PIMP O
	Conforme:		JIVI	City Mayor	THE CONTRACTOR OF THE CONTRACT
	Alenl	anglant			/
	THREE DRAGO	ons non-specialized whole sale trading e Over Printed Name of Supplier			
	Signatur	——————————————————————————————————————			
	/ In case : *		7460 Aki	h	4)
		Negotiated Purchase Pursuant to Section 369 (a) of RA	1 160, this portion must	be accomplished	a.)
		er Sanggunian Resolution No.:	Deter	•	
	Certified Co	orrect: Secretary to the Sanggunian	Date:		
PO 2021 v.0	***************************************				