PURCHASE ORDER

CITY OF CALAPAN

	:	TOUCHSTAR MEDICAL ENTERPRICES INC	P.O No.		07.10.92
upplier ddress		Parañaque City	Date Mode of Pro	curement :	small value
			PR No./s:		0214
V		247-414-861-000			
entlemen	1:				
F	Please furn	ish this office the following articles subject to the te	rms and conditions con	tained herein:	
Place of Delivery Date of Delivery		: CHSD : within 30 days upon receipt of P.O.	Delivery Term: Payment Term:	FOB Destnation N/60	
roperty	UNIT	ITEM & DESCRIPTION	QTY.	UNIT COST	TOTAL COST
No.	•			19,997.00	39,994.00
1	packs	Calibration Pack (1270 mL)	2 6	5,997.00	35,982.00
2	bxs	Cholesterol reagent	2	13,897.00	27,794.00
3	bxs	Cleanac - 3 reagent	2	13,897.00	27,794.00
4	bxs	Cleanac Detergent	4	3,397.00	13,588.00
5	bxs	Creatinine reagent	6	6,297.00	37,782.00
6	bxs	Glucose reagent HDL Cholesterol reagent	8	9,947.00	79,576.00
7	bxs	Hemolynac - 3 reagent	2	13,897.00	27,794.00
8	bxs		1	13,897.00	
9	bx	Hemolynac - 5 reagent Isotonac - 3 Diluent	10	12,097.00	
10	bxs	MEK 3K Control reagent	2	13,897.00	
11 12	set set	MEK 5DNL reagent	2	13,897.00	
13	bxs	Multi Control Level 1, Level 2 reagent	4	10,847.00	
14	bxs	SGOT reagent	4	3,497.00	
15	bxs	SGPT reagent	4	3,497.00	
16	bxs	Triglycerides reagent	2	6,447.00	
17	bxs	Urea reagent	4	3,977.00	
18	bxs	Uric Acid reagent	4	3,747.00 447.00	
19	gals	Distilled H2O	20	6,497.00	
20	bxs	LANSIONBIO HbA1c kit	4 3	19,997.00	
21	bots	Wash Concentrate	3	19,997.00	33,331.0
					690,832.00
		TOTAL			
					1
				1	1
(Total Ar	nount in W	ords): Six hundred ninety thousand eight hund	lred thirty two pesos on	ly	
(Total Ar) of one (1)
	In case o	ords): Six hundred ninety thousand eight hund of failure to make the full delivery within the specified ay of delay shall be imposed on the undelivered item.	d above, a penalty of or) of one (1)
	In case o	of failure to make the full delivery within the specified	d above, a penalty of or	ne - tenth (1/10) of one (1)
	In case o	of failure to make the full delivery within the specified	d above, a penalty of orms.	ne - tenth (1/10) of one (1)
	In case o	of failure to make the full delivery within the specified	d above, a penalty of or ms. Very Truly yo	ne - tenth (1/10 purs,	
	In case of	of failure to make the full delivery within the specified ay of delay shall be imposed on the undelivered item	d above, a penalty of or ms. Very Truly yo	ours, MARILOU F. M	Oplica
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	In case of for every d	of failure to make the full delivery within the specified ay of delay shall be imposed on the undelivered items. e: HISTAR MEDICAL ENTERPRICES INC	d above, a penalty of or ms. Very Truly yo	ours, MARILOU F. M	Oplica
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	In case of for every d	of failure to make the full delivery within the specified ay of delay shall be imposed on the undelivered items. e: HISTAR MEDICAL ENTERPRICES INC	d above, a penalty of or ms. Very Truly yo	ours, MARILOU F. M	Oplica
	In case of for every d Conform TOUCH Signat	e: HISTAR MEDICAL ENTERPRICES INC Fure Over Printed Name of Supplier Date	d above, a penalty of orms. Very Truly yo	MARILOU F. M	ODUCTO
	In case of for every deformed and the conformation of the case of	e: HISTAR MEDICAL ENTERPRICES INC Fure Over Printed Name of Supplier Date Of Negotiated Purchase Pursuant to Section 369 (a) of	d above, a penalty of orms. Very Truly yo	MARILOU F. M	ODUCTO
	In case of for every deformed and the conformation of the case of	e: HISTAR MEDICAL ENTERPRICES INC Fure Over Printed Name of Supplier Date	d above, a penalty of orms. Very Truly yo	MARILOU F. M	ODICEO
	In case of for every deformed and the conformation of the case of	e: HISTAR MEDICAL ENTERPRICES INC Fure Over Printed Name of Supplier Date Of Negotiated Purchase Pursuant to Section 369 (a) of the distribution of the specified of the section Resolution No.:	d above, a penalty of orms. Very Truly yo	MARILOU F. M City Mayo	ODITES.