



# PURCHASE ORDER

## CITY GOVERNMENT OF PASIG

Agency Name

Supplier : <b>DELEX PHARMA INTERNATIONAL, INC.</b>	P.O. No. : <b>23-07-0395</b>
Address : <b>Blk 4 Lot 4 Carnation Cor. Magnolia St. Sauyo, Quezon City</b>	Date : <b>07/13/2023</b>
	Mode of Procurement : <b>DIRECT CONTRACTING</b>

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

Place of Delivery : <u>refer to Terms of Reference</u>	Delivery Term : <u>30</u> Calendar Days
Date of Delivery : _____	Payment Term : <u>within 45 days upon completion of delivery</u>

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
1	BAG	500	Hypertonic Lactate Solution 250ML shelf life - 24 months <b>POPIILAC</b>	895.00	447,500.00
Purchase Order shall cover all the items found in the Request for Quotation, Terms of Reference/ Technical Specification, and Bid Bulletin/s, if any  ***** Nothing Follows *****  Purchase of Hypertonic Lactate Solution 250ML for the use of Pharmacy Department (PCC-Child's Hope). for the use of Pasig City Children's Hospital					

Control No. <b>4654</b>	<b>GRAND TOTAL :</b>	<b>Php 447,500.00</b>
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**Total Amount in Words** Four Hundred Forty-seven Thousand Five Hundred Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

**VICTOR MA REGIS N. SOTTO**  
(Authorized Official)  
City Mayor

Conforme: MARITONI N. CAMACHO  
(Signature over printed name of Supplier)  
Date: 7-27-2023

Requisitioning Office/Dept. : <b>JOSELITO T. MORETE, MD, MMHOA, DPBA,FPSA</b> (Authorized Official)	Funds Available : <b>JUVY A. CUENCO</b> Chief Accountant	Amount : <u>P447,500.00</u> OBR No. : <u>100-2623-05</u> <u>1740-4431</u>
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