

PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

				SHOP OF THE BUILDING TO BE AND	P.O. No. : 23-07-0423	
Address: 40 Main Ave. Ext. San Gabriel Tuguegarao City					te : 07/18/2023	
Gentlemen	:	189.55	A selection of the sele	Mode	e of Procurement:	DIRECT CONTRACTING
	Please f	urnish this offi	ice the following articles subject to	the terms and conditions	contained herein:	
Place of D		Medical Supplie	_	elivery Term: refer to Terms of	T T TO	
Date of D	elivery :			yment Term: within 45 days up	on completion of delivery	
ITEM			R.Or		UNIT	
NO.	UNIT	QTY	DESCRIPT	ION	COST	AMOUNT
1	KIT	243	CLOVER AIC SELF TEST CARTIDGE with existing machine, 10's/kit		3,938.00	956,934.00
2	PCS	58	CLOVER AIC DAILY CHECK CONTROL 1/pc		625.00	36,250.00
3	PCS	36	CLOVER AIC MONTHLY CHEC	K CALIBRATOR 1/pc	625.00	22,500.00
		Territoria	the lambal throughout the		1-65.64	
		ymm. Rumny	d ned mad to the managed and		13, Hrig No	
			Durchage Order shall a sure in	a and a second of	and ma	
			Purchase Order shall cover all the it Quotation, Terms Of Reference/ Ter	ems found in the Request for chnical Specification and Bid	de Mode de	
				a he sa essential yes	cherse of	
	The Control of the State of the		**************************************		Contract the state of the state	
		or to harmy to			waar ii	
					A NA	
		e xilli			vo sa vi	
		119			The material of the	
					A THEFA	
				Agriff of the Mark of the Miles		
		ator i postinati			41, 1 <u>1</u>	
For the us	se of City Hea	th Department- L	aboratory for the use of City Health Office			
		1,10,81,87				
-		1.0241	ja bolikas, 11 oli olikoje 1864. godina kalbanas oli oli			
Control No	. 4673				7/1	
Total Amo	ount in Wo	rds One Milli	ion Fifteen Thousand Six Hundred E	Cighty four Pages Out	GRAND TOTAL :	Php 1,015,684.00
In c	ase of the fa	allure to make the	ne full delivery within the time specifie	d change and the same and the s		
for every	day of delay	shall be impose	ed as provided for by the, 2016 IRR o	d above, a penalty of one tenth f RA 9184.	(1/10) of one (1) perc	ent
	9.13				y truly yours,	
Conforme	tin mass as d	. 1	The state of the s		y duly yours,	
Comornie	rustric in	Michella	1ot	VICT	OR MA REGIS N	
	(Signature	HECLE ANN e over printed na	I. CRUZ		(Authorized Office	cial)
	(Signature		(the of Supplier)		City Mayor	
	,	Date	21 100			
		,				
D 1 2 2				- An		
Kequisition	ning Office	/Dept. :	Funds Av	vailable:		
/	Ah	ila		(MM)	Amount: 71	615, 684.00
/JO	SEPH R.	ANALIGAN.	MD,MHA /~	JUVY A. QUENCO	OBR No. : 100	
	(Auth	orized Official)		Chief Accountant	OBK No. : 100	3 - 4411
/					V 1 U (Page - 1