

## PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

Supplier	Supplier: CENTRO-MED ENTERPRISES P.C				. No. : <b>23-08-05</b>	03
Address	dress: Mabini St. Quezon District Cabanatuan City				Harris Mary State A	
774447655					Mode of Procurement: DIRECT CONTRACTING	
Gentlemen:		1 PWO	s RO Te small inclinar oberred as follow-	Le number, salgned to the	3. 140 No - 1	
	Please fu	rnish this offi	ce the following articles subject t	o the terms and conditions	contained herein:	
Place of De	livery: P	asig City Child	ren's Hospital De	elivery Term : refer to Terms o	f Reference	
Date of De				yment Term: within 45 days u		
ITEM			1647	7647		
NO.	UNIT	QTY	DESCRIPTION		COST	AMOUNT
1	UNIT	1	Pressure Transducer, ASP	81,820.20	81,820.20	
2	UNIT	1	Power Supply, ASP	62,916.54	62,916.54	
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		unt.	id grigging (10th anlighing bi			
		shell the pair	Purchase Order shall cover all the	items found in the Request fo	r Pagement 6	
		Quotation, Terms of Reference/Technical S Bulletin/s if any.		chnical Specification and Bid	LUL Vietre Vooi	
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		swit beam,				
Supply an	d Installation	of Parts for Sterr	ad NX Sterilizer for the use of PCCH-Child	d's Hope. for the use of Pasig City	Children's Hospital	
		resolution Number under which the local Sangguniang approved the			Sanggania com	
4		1	d in the schilled correct porbod	ed many shall certify the la	vontrag. The s	
Control No		41111 (0112101)	Fire 25 and 1712 to national	Amilera znast balzas estra	GRAND TOTAL :	Php 144,736.74
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In o for every	case of the following day of delay	ailure to make shall be impos	the full delivery within the time specif sed as provided for by the, 2016 IRR	ied above, a penalty of one te of RA 9184.	nth (1/10) of one (1) perc	ent
					ery truly yours,	
		- AD	Munin the duration of the contract	ty shall regularly present v	very duty yours,	
Conforme	i manisuc	MAY	ond other and rend ons	No e copy of the income	CTOR MA REGIS	I. SOTTO
, l.	G	OSALIE T.	ARABIA	<del>se barranto</del> , e di vi venti fixedi vi 196.	(Authorized Offi	cial)
	(Signatus	re oder printed n	name of Supplier)		City Mayor	
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Requisitio	ning Office	e/Dent ·	Funds	Available :		
requisitio	inig Onic	c, Dept.	i ulus .	NO I	Amount: 191	44, 1736. 74
	1	und	700		1	
JOSELITO			HOA, DPBA,FPSA	JUVY A. CUENCO OBR No. 100- 2023- 06		12015-06
	(Aut	horized Officia	(I) <b>(9</b> )	Chief Accountant	028	Page - 1
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