

JOSEPH R. PANALIGAN, MD, MHA

(Authorized Official)

## PURCHASE ORDER CITY GOVERNMENT OF PASIG

		133	Agency Name				
Supplier: MAHHA TRADING CO. P.O. No						: 23-08-0647	
	Address: 893 E. Pantaleon Street, Barangay Barangka Itaas, Mandaluyong City					23 AUGUST 2023	
Address	. <u>095 L.1 6</u>	intaleon otreet,	, barangay barangka itaas, mandalayong oity	T)	Mode of P	rocurement: SMALL V	ALUE PROCUREMENT
Gentlemen	: Please fu	rnish this off	fice the following articles subject to the terms	s and	conditions o	ontained herein:	
Place of I		_Medical Sup	plies Depot			See attached Terms o	
	late of Delivery :			Payment Term		: within 45 days upon completion of delivery	
ITEM NO.	UNIT	QTY	DESCRIPTION			UNIT COST	AMOUNT
			Supply and Delivery of Various Medica Animal Bite Treatment Center				
1	box	400	U-100 Insulin Syringe 1cc, TERUMO G29x1/2, With Needle, Disposable 100's/Box			1,000.00	400,000.00
2	box	100	Sterile Gauze Pads, SUREGUARD 4x4x100 (12 Ply) 100% Cotton Material 100's/Box			700.00	70,000.00
3	gal	24	Alcohol Isoprophyl 70% Scented wih Moisturizer, Aloe Vera Extract, & Vit E, FDA Approved, BESTLAB Per Gallon (Branded)			390.00	9,360.00
4	box	20	Syringe with Needle 3cc/ml, INDOPLAS -G23x1 100's\box, Disposable	par e a		540.00	10,800.00
	Andreas Andrea		* Purchase Order shall cover all the iter Request for Quotation, Terms of Refere Specification and Bid Bulletin/s if any.				
			**************************************			Sub Total :	490,160.00
Fort	the use of C	City Health D	epartment- Animal Bite Treatment Center fo	or the	use of City I	Health Office	
	- 4500	ec marchar en	The Part March College of Tools and Analysis at 1977 Africans	0 -		ODAND TOTAL	Db 400 460 00
Control N		- 1- F 7	Londond Nineth, Thomas d One House Line Science	Dagge 1	Ouhi	GRAND TOTAL :	Php 490,160.00
In for ever	case of the f	ailure to make	Hundred Ninety Thousand One Hundred Sixty In the time specified above, osed as provided for by the, 2016 IRR of RA 9184	a pena 4.	alty of one tent	th (1/10) of one (1) perd	cent
COLLE	oinic.	1	2hrallaxel		VIC	TOR MA REGIS	N. SOTTO
FEBRIELLE EBSHEBA CHARVET						(Authorized Official)	
	****		printed name of Supplier)			City Mayor	
			Date 7	/	$\langle 11 \rangle$		
D	ioning Offic	o/Dont	Funds A	vailab	ole ///		

JUVY A. CUENCO Chief Accountant

BR No. :

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