

## **PURCHASE ORDER** CITY GOVERNMENT OF PASIG Agency Name

		Oliv	V					
Supplier: OMEL PRINTING PRESS			P.O. No.: 23-12-0957					
Address: 2M. Tanangco St., Buting, Pasig City Date:			Date:	22 December 2023				
					Mode of Pr	ocurement: Pl	JBLIC BIDDING	
Gentlemen								
	Please fu	ırnish this of	fice the following articles subject to the t	terms and c	onditions	contained herein:		
Dlago of I	Delivery :	Dools Contr	ol Completeler of Toronto	D.I.				
	Delivery :	Pasig Cellu	al Supply Warehouse, Sto. Tomas, Pasig	Delive	ery Term :	60 calendar days within 45 days upon co	ampletion of delivery	
ITEM	I .			_ laylie	nt reint.	7	mpleuon of delivery	
NO.	UNIT	QTY	DECCRIPTION			UNIT	11/01/19	
NO.	UNII	QII	DESCRIPTION			COST	AMOUNT	
			Lot 2 - Dental					
13	reams	2	Pahintulot sa Cremation for human ca PRINTING PRESS	adaver, OMI	EL	1,000.00	2,000.00	
a			Size: A4 (length: 29.7cm x width: 21	(cm)				
			Paper Quality: high (80 gsm)					
			500 pcs per ream full color print					
14	200	26,500				4.00	100 000 00	
14	pcs	20,500	Flyers, OMEL PRINTING PRESS Size: A4, (21cm x 29.7cm)			4.00	4.00 106,000.00	
			Paper Quality: 170gsm, Glossy					
			3 fold brochure full color print					
45		F 000		<b>-</b> 00		·		
15	pcs	5,300	Dental Booklet, OMEL PRINTING PR Size: A4, (21cm x 29.7cm)	ESS		19.00	100,700.00	
			25 pages with 70gsm plain paper, g	lossy finish				
1			bookcover with 250gsm		Í			
			saddle stitch bind fully color print					
16	pcs	50	Flip Chart, OMEL PRINTING PRESS			1,300.00	65,000.00	
10	pos	55	9 pages (back to back), at least gsm		spiral	1,300.00	65,000.00	
			bound, 12inches x 16inches, full pri					
						Sub Total :	273,700.00	
					1			
				Darie et		1		
			The state of the s					
Control N						SUBTOTAL:	Php 273,700.00	
Total Am	ount in Wo	rds Two H	undred Seventy-three Thousand Seven Hun	dred Pesos O	nly.	THE RESERVE		
			the full delivery within the time specified above		one tenth (	1/10) of one (1) percer	nt	
for every	day of delay	shall be impo	sed as provided for by the, 2016 IRR of RA 91	184.				
				Very truly	yours,			
C(	NAME OF THE PARTY							
Confo	rme:				HONEN	OTOD MA DEOM	O N COTTO	
			6 (	) –	HON. VI	CTOR MA. REGIS		
			CA B. ROMERO			(Authorized Office City Mayor	ciai)	
	(5	Signature over	printed name of Supplier)	DMAM	>	City Mayor		
			printed name of Supplier) 127 23 Clo MEWRY N	1000				
			Date 1 C		A			
<del>~~~~~~</del>			7	/	N)			
Requisition	oning Office	/Dept.:	Funds	Available:	KD\$/	_	11/17 30D :0D	
4 Ben 199						Amount:	V42,700 00	
JUVY A. QUEN Chief Accounts								
		(Authorize	d Official)	- nej 21001		OBK 140 [1	88 -WIN	
							Page - 1	



## **PURCHASE ORDER** CITY GOVERNMENT OF PASIG Agency Name

Supplie	r: OMEL	PRINTI	NG PRESS		P.O. No.	23-12-0957		
				Date :				
					Mode of I	Procurement: F	PUBLIC BIDDING	
Gentlemer		imish this o	ffice the following articles subjective		1 120			
		211101111110	ffice the following articles subject	ct to the terms	and conditions	contained herein:	127	
Place of Delivery: Pasig Central Supply Warehouse, Sto. Tomas, Pasig  Delivery Term Payment Term				Delivery Term	1: 60 calendar days			
ITEM	Denvery.		Payment Term			: within 45 days upon completion of delivery		
NO.	UNIT	QTY	DESCRI	PTION		UNIT COST	AMOUNT	
			Lot 3 - Health Promotion P				AMOUNT	
17	pcs	10,000	Poster, OMEL PRINTING PR Size 18"x24" Paper/Material: Polypropyle 220 gsm, semi gloss Color: Full color printing  Program: Handwashing-3,000pcs Sanitation- 2,000pcs Dental Section- 1,000pcs Tobacco Control Program- Patients Right- 500pcs Nutrition- 1,000pcs (2 layou Dengue Task Force (2layou layout)	RESS ene 500pcs	1,000 per	20.00	200,000.00	
18	pcs	6,250	Flyers Leaflet, A4, OMEL PR Type of paper: Glossy -Size: A4 -C2S 120 gsm, both side ful semi gloss  Program: National Safe Motherhood F Newborn Screening- 1,000p Women and Child Protection Family Planning (3 different per layout) Hand washing- 1,000pcs	ell color printing Program- 1,000 ocs n Unit- 1,000p	g 3 folds, Opcs cs	11.04	69,000.00	
					Up.			
Control No		. 1 Pr 77			****	SUBTOTAL:	Php 542,700.00	
In c	ount in Wor case of the fai day of delay s	lure to make	andred Forty-two Thousand Seven the full delivery within the time specified as provided for by the, 2016 IRR	fied above, a per of RA 9184.	THE RESERVE OF THE PERSON NAMED IN	1/10) of one (1) percen	t	
Confor	me :							
		FRANCISC	CA B. ROMERO	ball	HON. VI	CTOR MA. REGIS (Authorized Offic		
	(Si	gnature over p	rinted name of Supplier 10 MEG Date	phy from	M	City Mayor		
Requisition	ning Office/	Dept.		Funds Avail	(blo: M			
JOSEPH R. PANALIGAN, MD, MHA  (Authorized Official)				) YVUL	A. CUENCO	Amount: P 442, 700 06  100 ~ 2023 - 04-6291-4411  OBR No.: 106 ~ 2023 - 07		
				-		1/2	Page - 2	



## PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

Supplie	r: OMEL PRINTING PRESS 3: 2M. Tanangco St., Buting, Pasig City				P.O. No.	P.O. No.: 23-12-0957			
					Date :	22 December 2023			
					Mode of	Procurement: P	UBLIC BIDDING		
Gentlemer				200 III- 80	Total Order				
	Please fu	urnish this of	fice the following articles subject	ct to the terms	and conditions	s contained herein:			
Place of	Delivery:	Pasig Centra	al Supply Warehouse, Sto. Tomas, I	Pasia	Delivery Term	: 60 calendar days			
Date of Delivery :						: ou calendar days : within 45 days upon completion of delivery			
ITEM						UNIT			
NO.	UNIT	QTY	DESCRI	PTION		COST	AMOUNT		
19	pcs	5,000	Size: C2S folding full color -Binding: saddle stitch -Type of paper: 140gsm, se Program: National Safe Motherhood 8 pages including cover)	ddle stitch per: 140gsm, semi glossy fe Motherhood Program- 3,000pcs (Pages: duding cover)			100,000.00		
			Integrated Helminth Control Program- 2,000pcs (Pages: 12 pages including cover)						
			Note: Please see attached	to TOR.					
			**************************************			Sub Total :	369,000.00		
	3								
For t	he use of C	ity Health De	partment - IEC/Printing Materia	als for Sanitatio	n, Dental and	Health Promotion			
Prog	ram								
Control No	o. 5257				2 1111	GRAND TOTAL :	Php 642,700.00		
Total Am	ount in Wo	rds Six Hun	dred Forty-two Thousand Seven F	Hundred Pesos C		CIGILD ICIAL .	1 11p 0-12,1 00.00		
In o	case of the fa	ilure to make t	the full delivery within the time specified as provided for by the, 2016 IRR	fied above, a nen	-	(1/10) of one (1) percen	t a		
				Very	truly yours,				
		75			Flague in				
Confor	rme :				2	1000	4		
				1.2	HON. V	ICTOR MA. REGIS			
	(Si		CAB. ROMERO  rinted name of Supplier)  COI	MERROY	26 Pomen	(Authorized Office City Mayor	ral)		
		77	Date Date	12	$\bigcap$				
Requisition	ning Office,	/Dept.://	<del>,                                      </del>	Funds Availa	ble :				
			10AN MD M		/ (P)	Amount:	642,700.00		
	JOSI	EPH R. PANAL (Authorized	IGAN, MD, MHA		A. GUENCO Accountant	106 - 2623- OBR No. : 101	-08-0291-441 -2023-07		
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