

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

Agency Name

In ca for every o	ase of the fa day of delay	ilure to make shall be impo	the full delivery within the time specified above, a penalty obsed as provided for by the, 2016 IRR of RA 9184.	of one tenth	(1/10) of one (1) percen	
Total Amo	unt in Wo	rds   Five H1	undred Twenty-four Thousand Six Hundred Pesos Only		197104 5	
Control No. 5356					GRAND TOTAL :	Php 524,600.00
			To all all all all all all all all all al			
Purcha	se Order :	shall cover a	all items found in the attached Terms of Reference.			
			**************************************	****	Sub Total :	188,000.00
			ANTIZOAL			
116	vial	2,000	Metronidazole, 5mg/ml, 100ml (500mg) vial	,	13.00	26,000.00
115	amp	3,600	Clindamycin 150mg/ml, 4ml (IM,IV) amp., DALAMYCIN		45.00	162,000.00
			PCCH - LOT NO. 15			000,000.00
					Sub Total :	336,600.00
116	vial	4,500	Metronidazole, 5mg/ml, 100ml (500mg) vial ANTIZOAL	Ι,	13.00	58,500.00
115	amp	6,180	Clindamycin 150mg/ml, 4ml (IM,IV) amp., DALAMYCIN		45.00	278,100.00
110.	ONII	QTY	DESCRIPTION PCGH - LOT NO. 15		COST	AMOUNT
ITEM NO.	UNIT	OTV	Propression	I.	UNIT	
Place of Delivery : As per at Date of Delivery :		As per attac	ached Terms of Reference Delive Payme		ry Term : see Terms of Reference nt Term : see Terms of Reference	
30.00	Please fu	ırnish this o	ffice the following articles subject to the terms and	conditions	contained herein:	
Gentlemen:						JING
= 1 Marie 11, 21gy, Galiour, Quezon Oity				Date:	: 03/05/2024 of Procurement: PUBLIC BIDDING	
					2.001000	
		TO SECURE AND SECURE A	Section of the sectio	P.O. No. :		

Very truly yours,

VICTOR MA REGIS N. SOTTO (Authorized Official)

City Mayor

Conforme:

ROSHAN P. BASCO

(Signature over printed name of Supplier)

Funds Available

Requisitioning Office Dep INCEL ITO T MODETE MD MANUOL DDDA FROM