



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : <u>PHARMA QUEST CO.</u>	P.O. No. : <u>24-03-1148</u>
Address : <u>46A Kalantiaw St., Masagana District 3, Quezon City 1109</u>	Date : <u>03/27/2024</u>
	Mode of Procurement: <u>EMERGENCY PURCHASE</u>

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>Medical Supplies Depot</u>	Delivery Term : <u>15 Calendar Days</u>
Date of Delivery : _____	Payment Term : <u>Please refer to the Terms of Reference</u>

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
1	VIAL	20,000	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (TDaP), ADACEL (SANOFI PASTEUR) Vial, Single Dose -0.5ml/dose *Purchase Order shall cover all the items found in the Request for Quotation, Terms of Reference/ Technical Specifications and Bid Bulletin/s if any. <div style="text-align: center;">***** Nothing Follows *****</div>	1,135.00	22,700,000.00

For the use of City Health Department-National Safe Motherhood Program for the use of City Health Office

Control No. 5440	GRAND TOTAL : Php 22,700,000.00
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Total Amount in Words Twenty-two Million Seven Hundred Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Conforme :
MARIA GLECINDA P. TAN
(Signature over printed name of Supplier)
APRIL 8, 2024
 Date

Very truly yours,

VICTOR MA REGIS N. SOTTO
(Authorized Official)
 City Mayor

Requisitioning Office/Dept : <u>JOSEPH R. PANALIGAN, MD, MHA</u> <i>(Authorized Official)</i>	Funds Available : <u>JUV A. CUENCO</u> <i>Chief Accountant</i>	Amount : <u>22,700,000.00</u> OBR No. : <u>100-2024-03-0140-441</u>
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