

PURCHASE ORDER
City Government Of Catbalogan
Entity Name

Supplier : <u>BAJ PHARMACEUTICAL</u>		P.O. No. : <u>2020-05-0054-1</u>			
Address : <u>QUEZON CITY</u>		Date : <u>May 19, 2020</u>			
TIN : _____		Mode of Procurement : <u>Negotiated Procurement EMERGENCY CASES (COVID-19)</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery :	<u>CITY HEALTH OFFICE, CATBALOGAN CITY</u>			Delivery Term : <u>Within SEVEN (7) days Upon receipt of NTP</u>	
Date of Delivery :	<u>RECKONED FROM THE RECEIPT OF NTP</u>			Payment Term : <u>within 5 days from receipt of Goods</u>	
Stock/Property No.	Unit	Description	Quantity	UNIT COST	Amount
	bxs	Amolodipine Besilate 5mg Tab 100's	1000	870.00	870,000.00
	bxs	Cefuroxime 500mg Tab 10's	100	996.00	99,600.00
	bxs	Celecoxib 200mg Tab.	200	1,150.00	230,000.00
	bxs	Cetirizine 10mg Tab 100's	200	997.50	199,500.00
	bxs	Chlorphenamine maleate Tab 100's	100	245.00	24,500.00
	bxs	Co-Amoxiclav 500mg Tab 20's	100	1,248.00	124,800.00
	bxs	Ciprofloxacin 500mg Tab 100's	100	1,790.00	179,000.00
	bxs	Diclofenac Sodium 50mg Tab 100's	300	793.00	237,900.00
	bxs	Loratadine 10mg Tab 30's	100	1,250.00	125,000.00
	bxs	Losartan 50mg Tab 100's	1000	895.00	895,000.00
	bxs	Metformin 500mg Tab 100's	1000	995.00	995,000.00
	bxs	Metoprolol 50mg Tab 100's	200	850.00	170,000.00
	bxs	Omeprazole 20mg Cap 100's	100	2,725.00	272,500.00
	bxs	Ranitidine 150mg Tab 100's	100	1,645.00	164,500.00
	bxs	Salbutamol 2mg Tab 100's	400	295.00	118,000.00
	bxs	Vitamin B Complex 100mg Tab 100's	300	980.00	294,000.00
		X-X-X-X			
					4,999,300.00
(Total Amount in Words)	FOUR MILLION NINE HUNDRED NINETY NINE THOUSAND THREE HUNDRED PESOS ONLY				
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.					
Conforme:		Very truly yours,			
<u>Mariahiza Mangallon</u>		<u>HON. DEXTER M. UY</u>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>05-19-2020</u>		City Mayor			
Date		Designation			
Fund Cluster :	_____			ORS/BURS No. : _____	
Funds Available :	_____			Date of the ORS/BURS: _____	
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			Amount : _____		