

**City Government of Baguio**  
**Purchase Order**

POSTING

Supplier: <b>MED-LINE DISTRIBUTOR</b> Address: <b>400 NATIONAL HIGHWAY PARINGAO BAUANG LA UNION</b> E-mail Address: <b>rivalorenzo25@yahoo.com / flamantboy@yahoo.com</b> Telephone No.: <b>0995 328 1640 / 0917 854 0669 / 09176343433 / 074 888 1472</b> TIN: <b>253-500-402-000 VAT</b>	P.O No.:1311 Date: 11/26/2021 Mode of Procurement: Small Value Procurement 1384
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Gentlemen: **Please furnish this office the following articles subject to the terms and conditions contained herein.**

Place of Delivery: **City General Services Office: Baguio City**

Delivery Term: 15 Calendar Days

Date of Delivery: Please input delivery date

Payment Term: Please input payment term

**Receipt of Purchase Order**

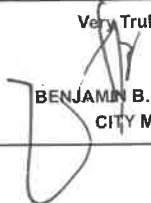
Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	Family Planning Supplies c/o HSO	68,550.00	68,550.00
	300	pack	Condom - Latex, 3 pcs/pack, Flavored - Trust 300 c/o HSO	16.00	4,800.00
	500	vial	Medroxyprogesterone - 150 mg/mL, 1 mL vial (as Enanthate/as Acetate) - Depotrust 500 c/o HSO	127.50	63,750.00
			Note:	<b>GRAND TOTAL</b>	<b>68,550.00</b>

(Total Amount In Words) **Sixty Eight Thousand Five hundred Fifty Pesos and 00/100**

In case of 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

**This is to certify that I have**  
**TERMS and CONDITIONS as contained at the**  
**back of this Purchase Order and I concur with all**  
 Conforme:

Very Truly yours

  
**BENJAMIN B. MAGALONG**  
 CITY MAYOR

Signature over printed name of Supplier

Date