

6728152

City Government of Baguio

Purchase Order

Supplier: MED-LINE DISTRIBUTOR Address: 400 NATIONAL HI-WAY PARINGAO BAUANG LA UNION E-mail Address: n/a Telephone No.: 09176343433 TIN: 112348	P.O No.: 2535 Date: 12/16/19 Mode of Procurement: Small Value Procurement 1657
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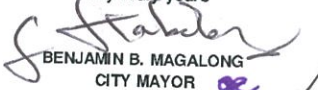
Gentlemen: **Please furnish this office the following articles subject to the terms and conditions contained herein.**
 Place of Delivery: **City General Services Office: Baguio City**
 Delivery Term: 7 Calendar Days
 Date of Delivery: Please input delivery date
 Payment Term: Please input payment term
Receipt of Purchase Order

Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	Cough Medicines c/o HSO		
	10090	tablet	Lagundi (Vitex Negundo L) - 300 mg tablet - oflemed 10090 c/o HSO	108,579.90	108,579.90
	1580	tablet	Lagundi (Vitex Negundo L) - 300mg/5ml, 60 ml syrup - oflemed 1580 c/o HSO	1.98	19,978.20
	4950	tablet	Lagundi (Vitex Negundo L) - 300mg/5ml, 60 ml syrup - oflemed 4950 c/o HSO	43.89	69,346.20
				3.89	19,255.50
GRAND TOTAL					108,579.90

(Total Amount In Words) **One hundred Eight Thousand Five hundred Seventy Nine Pesos and 90/100**

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 _____