

City Government of Baguio
Purchase Order

POSTING

Supplier: NORTHEAST MEDICAL TRADING Address: 19 Marcos Highway, Phil-am, Baguio City E-mail Address: northeast_baguio@yahoo.com.ph Telephone No.: 445-4216/09189259334/09189155765 TIN: VAT 121-633-972-000	P.O No.: 203 Date: 5/27/2021 Mode of Procurement: Small Value Procurement 440
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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

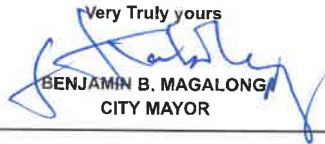
Receipt of Purchase Order

Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	Syringe Supplies c/o HSO	147,020.00	147,020.00
	20	box	Syringe - 0.5cc/mL, G23 x 1 in Auto Disabled, 200s - B-D, 100's 20 c/o HSO	2,414.00	48,280.00
	40	box	Syringe - 1cc/ml w/ Needle, 25Gx5/8 inches, Disposable, 100s - terumo 40 c/o HSO	696.00	27,840.00
	50	box	Syringe - 3cc/ml w/ Needle, 23Gx1 in. , Disposable, 100s - terumo 50 c/o HSO	620.00	31,000.00
	38	box	Syringe, Insulin - 1/2cc/mL, G29 x 1/2 in, Latex Free, 100s - Terumo 38 c/o HSO	1,050.00	39,900.00
			Note:	GRAND TOTAL	147,020.00

(Total Amount In Words) **One hundred Forty Seven Thousand Twenty 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