

City Government of Baguio

Purchase Order

*Very Truly yours
 - POSTING*

Supplier: P AND P MEDICAL SUPPLIES AND GENERAL MERCHANDISE Address: 400 National Highway, Brgy. Paringao, Bauang, La Union E-mail Address: n/a Telephone No.: 09175990833 TIN: 312449801000	P.O No.:500 Date: 2-28-2020 Mode of Procurement: Small Value Procurement 275
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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

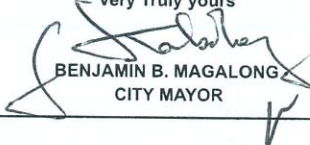
Receipt of Purchase Order

Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	Test Strips c/o HSO	125,340.00	125,340.00
	30	canister	Glucometer Test Strip - Blood Cholesterol, for EasyTouch, 10s - 30 c/o HSO	1,199.00	35,970.00
	60	canister	Glucometer Test Strip - Blood Glucose, for Advan BG-101, 25s - 60 c/o HSO	349.00	20,940.00
	30	box	Glucometer Test Strip - Blood Glucose, for EasyTouch, 25s - 30 c/o HSO	849.00	25,470.00
	20	canister	Glucometer Test Strip - Blood Glucose, Glucosure Autocode, 50s - 20 c/o HSO	1,299.00	25,980.00
	20	box	Glucometer Test Strip - Blood Uric Acid, for EasyTouch, 25s - 20 c/o HSO	849.00	16,980.00
				GRAND TOTAL	125,340.00

(Total Amount In Words) **One hundred Twenty Five Thousand Three hundred Forty 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 _____

*emailed: Kim_ch@rocketmail.com
 6 Mar 2020, 2:00pm*

CITY GENERAL SERVICES OFFICE
RELEASED

Date 3-3-2020
 By: TP