

City Government of Baguio
Purchase Order

POSTING

Supplier: MED-LINE DISTRIBUTOR Address: 400 NATIONAL HI-WAY PARINGAO BAUANG LA UNION E-mail Address: rivalorenzo25@yahoo.com / flamantboy@yahoo.com Telephone No.: 0995 328 1640 / 0917 854 0669 / 09176343433 TIN: 253-500-402-000 VAT	P.O No.:1113 Date: 10/11/2021 Mode of Procurement: Small Value Procurement 1176
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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

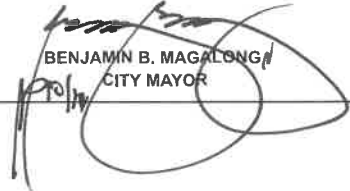
Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	Medicines c/o DRRM	534,000.00	534,000.00
	500	tablet	Medicine Expense - Baricitinib, 4mg, tablet - Barcinix 4 1000 c/o DEVFUND	850.00	425,000.00
	500	milliliter (ML)	Medicine Expense - Enoxaparin 100mg/mL, 0.4mL Pre-filled Syringe - Olxarin 1000 c/o DEVFUND	218.00	109,000.00
			Note:	GRAND TOTAL	534,000.00

(Total Amount In Words) **Five hundred Thirty Four Thousand 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