

PO POSTING

City Government of Baguio

PURCHASE ORDER

Supplier :	QUALITY GUARDS SERVICES & Investigation Agency, Inc.	P. O. No.	1081
Address :	No. 35 Dr. Carino St. Upper QM	Date	7/10/19
E-Mail Address :		Mode of Procurement	Extension of Service
Telephone No. :	Telfax No. (074) 444-8676	P.R No./s:	67
TIN :		OBR #	88

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 **April 1 to 15, 2019**
 Date of Delivery : Payment Term

receipt of Purchase Order

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	1	Lump/	Security Services Payment for government properties		
		Lot	and facilities -six(6) Districts Health Centers, April 1-15, 2019		
		1	Asin Health Center	7,730.27	2 15,460.54
		2	Engineers Hill Health Center	7,730.27	2 15,460.54
		3	Quirino Hill Health Center	7,730.27	2 15,460.54
		4	Loakan Health Center	7,730.27	2 15,460.54
		5	Scout Barrio Health Center	7,730.27	2 15,460.54
		6	City Camp Health Center	7,730.27	2 15,460.54
		7	DA Along Marcos Highway/Temporary transfer Station	7,730.27	3 23,190.81
		8	CDRRMO, Quarry Road, Baguio City	7,730.27	3 23,190.81
			Payment for the following Additional Guards during Saturday , Sundays and Holidays		
		1	Asin Health Center	515.35	4 2,061.41
		2	Engineers Hill Health Center	515.35	4 2,061.41
		3	Quirino Hill Health Center	515.35	4 2,061.41
		4	Loakan Health Center	515.35	4 2,061.41
		5	Scout Barrio Health Center	515.35	4 2,061.41
		6	City Camp Health Center	515.35	4 2,061.41
			Purpose : Payment For Security Services for the Six (6) District Health Centers for the Period April 1-15, 2019		
			TOTAL		Php 151,513.32

(Total Amount in Words) **One Hundred Fifty One Thousand Five Hundred Thirteen Pesos & 32/100**

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 read the TERMS and CONDITIONS as contained at the back of this Purchase Order and I concur with all.

Conforme:

Signature over printed name of Supplier

Very truly yours,

B. Magalong
HON. BENJAMIN B. MAGALONG
 City Mayor

Date