

City Government of Baguio

Purchase Order

P.O. 1894

316622

Supplier: STERITEX MEDICAL SYSTEM Address: San Fernando, Pampanga E-mail Address: n/a Telephone No.: n/a TIN: 207-815-023-000	P.O No.:1894 Date: 8/28/2020 Mode of Procurement: Small Value Procurement 1266
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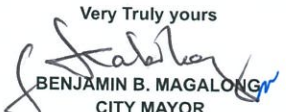
Gentlemen: **Please furnish this office the following articles subject to the terms and conditions contained herein.**
 Place of Delivery: **City General Services Office: Baguio City**
 Delivery Term: 7 Calendar Days
 Date of Delivery: Please input delivery date
 Payment Term: Please input payment term
Receipt of Purchase Order

Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	Medicine Supplies c/o HSO	60,370.00	60,370.00
	1000	tablet	Atorvastatin - 40 mg Tablet - fulvast 1000 c/o HSO	5.00	5,000.00
	1000	tablet	Atorvastatin Calcium - 20 mg Tablet - brelvotir 1000 c/o HSO	4.00	4,000.00
	800	tablet	Captopril - 25 mg Tablet - hyperstop 800 c/o HSO	0.75	600.00
	2000	tablet	Clonidine - 75 mcg Tablet (as Hydrochloride) - catamed 2000 c/o HSO	7.50	15,000.00
	2500	tablet	Losartan - 50 mg Tablet (as Potassium Salt) - natrasol 2500 c/o HSO	2.00	5,000.00
	6000	tablet	Losartan + Hydrochlorothiazide - 50 mg + 12.5 mg Tablet - 6000 c/o HSO	3.42	20,520.00
	1000	tablet	Metoprolol (as Tartrate) - 100 mg Tablet - prolol 1000 c/o HSO	1.25	1,250.00
	3000	tablet	Simvastatin - 40 mg Tablet - simvast Note: Please submit the certification of Product Registration upon delivery. Expiry should be at least 12 mos from the date of delivery. 3000 c/o HSO	3.00	9,000.00
				GRAND TOTAL	60,370.00

(Total Amount In Words) **Sixty Thousand Three hundred Seventy 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 _____