

PURCHASE ORDER

POSTITIB

Supplier :	VITALINE HEALTHCARE INC.	P. O. No.	4570
Address :	Unit 106, Corporate 101 Building G/F #101 Mother Ignacia Avenue, Brgy. South Triangle Quezon City, Metro Manila	Date	09/02/2021
E-Mail Address :	chris_tadena@vitalinehealthcareinc.com	Mode of Procurement	NP 75
Telephone No. :	09175850408 / 09190933748	P.R No./s:	2021-066
TIN :	009-331-172-000	OBR #	439-120

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	30 Calendar Days
Date of Delivery :		Payment Term	

receipt of Purchase Order

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	10,000	LOT kits	COVID- 19 ANTIGEN TEST ANTIGEN TEST - ICHROMA COVID 19 AG Specifications: Assay Type: TRFLFA, COVID-19 Antigen Sample type: Nasopharyneal swab, nasal aspirate specimens Sample prep/extraction: Collecting with cotton swab Target: COVID-19 Antigen Platform: ichroma III reader Unit: 25 kit/box Features: Fast and precise result (12 minutes) Small POC device Room temperature storage Naspharyngeal swab or nasal aspirate specimens Connect to LIS/HIS Objective results Note: FDA Approved Purpose: For COVID-19 testing kits at the central triage - Baguio Convention Center c/o HSO	320.00	3,200,000.00
				Total Php	3,200,000.00

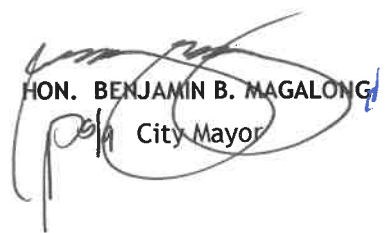
(Total Amount in Words) **Three Million Two Hundred Thousand Pesos**

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.

Very truly yours,

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: 
 Mercy Mae Sindigan
 Signature over printed name of Supplier


 HON. BENJAMIN B. MAGALONG
 City Mayor

Date _____