

City Government of Baguio

PURCHASE ORDER

POSTING

Supplier :	AstraZeneca Pharmaceuticals (Phils.) Inc.	P. O. No.	5531
Address :	16th Floor, Inoza Tower, 40th Street, Bonifacio Global City, Taguig City 1634	Date	April 19, 2022
E-Mail Address :		Mode of Procurement	DIRECT CONTRACT
Telephone No. :	632-7778-700/632-856-4284	P.R No./s:	2022-100a
TIN :	000-414-966-000 VAT	OBR #	1018918219103

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 :		Payment Term	

receipt of Purchase Order

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	1	LOT	COVID-19 VACCINES c/o HSO		7,110,950.00
	3500	vials	<p><b>COVID -19 VACCINES</b>  <b>ASTRAZENECA, 10 doses/ 1 vial</b>                      as per Vaccine Arrival Report No: PL0008397,                      Batch No. A1166</p> <p>Delivery Order : 800617952 dated January 26, 2022</p> <p style="text-align: center;"><b>LESS ADVANCE PAYMENT:</b></p> <p>Charge to Local Development Fund                      under OBR No: 101-8918-21-9-103 dated                      September 14, 2021</p> <p>Note: This cancels and Supercedes PR # 065 of the                      same item above with the adjusted unit cost                      Unit cost is based on the prevailing dollar exchange rate at the time                      of delivery</p> <p>Purpose:                      for payment of Astra Zeneca Vaccines for Baguio City c/o HSO</p> <p>under Invoice No. 9059012465</p>	2,512.00	8,792,000.00
					1,681,050.00
				Total Php	7,110,950.00

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(Total Amount in Words) **Seven Million One Hundred Ten Thousand Nine Hundred Fifty Pesos**

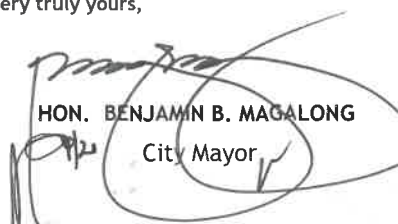
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for every day of delay shall be imposed.

**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

Date

Very truly yours,  
  
 HON. BENJAMIN B. MAGALONG  
 City Mayor