

# PURCHASE ORDER

**BLESSED ST. JOHN PHARMACEUTICAL GENERAL MERCHANDISE**  
 Unit 3 Otek Square Building, Otek Street, Baguio City  
 Phone No. : 0921-923-9245/0920-423-6291  
 VAT 936079184000

P. O. No. **4063**  
 Date **03/16/2021**  
 Mode of Procurement **SVP 174**  
 P.R No./s: **26**  
 OBR # **9940-21-02-14**

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**  
 Payment Term

**receipt of Purchase Order**

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	1	LOT	<b>MEDICAL SUPPLIES</b>		
	497	bottle	<b>ETHYL ALCOHOL - ST. RAPHAEL</b> 70% solution, ethyl, 500 ml	71.50	35,535.50
	250	box	<b>NITRILE GLOVES - GREAT GLOVES ASSORTED BRAND</b> Disposable, Nonsterile, Latex, Powder-free, Ambidestrous, Rolled bead cuff, Finger textured, length at least 24 cm, Size: 50% Medium, 50% Large Conforms to EN 374 standard or equivalent of Manufacturer's Standard to be sold in box of 100 pieces  Purpose: Protecting and shielding the vulnerable population c/o DRRM	600.00	150,000.00
				Total Php	<b>185,535.50</b>

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Total Amount in Words) **One Hundred Eighty Five Thousand Five Hundred Thirty Five Pesos and 50/100**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one 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.

Informer:  
 Signature over printed name of Supplier  
**MIGUEL SAGOMOY JR**  
 Date **04-19-2021**

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

CITY GENERAL SERVICES OFFICE  
 BAGUIO CITY  
 Date: \_\_\_\_\_  
 BY: \_\_\_\_\_