

City Government of Baguio

**Purchase Order**

PASTING

702 8694

Supplier: <b>KEL'Z PHARMACEUTICALS</b> Address: <b>Centro 1, Lasam, Cagayan</b> E-mail Address: <b>n/a</b> Telephone No.: <b>09380037709</b> TIN: <b>VAT 296-987-936-000</b>	P.O No.:1510 Date: 7/24/2020  Mode of Procurement: Small Value Procurement 1010
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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: 15 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	Medicines c/o DRRM	99,620.00	99,620.00
	3000	tablet	Amlodipine - 5 mg/Tablet (as Besilate/Camsylate) - Philvasc 3000 c/o DRRM	1.60	4,800.00
	2000	tablet	Cetirizine - 10 mg Tablet ( as Dihydrochloride) - Cetzy 2000 c/o DRRM	3.20	6,400.00
	3000	tablet	Chlorphenamine (Chlorpheniramine) - 4 mg Tablet (as Maleat) - DM 3000 c/o DRRM	1.80	5,400.00
	2000	tablet	Clonidine - 75 mcg Tablet (as Hydrochloride) - Clodin 2000 c/o DRRM	12.50	25,000.00
	500	ampule	Epinephrine (Adrenaline) - 1 mg/mL, 1 mL Ampule (as Hydrochloride) - Eppibas 500 c/o DRRM	45.00	22,500.00
	5000	capsule	Loperamide (as Hydrochloride) - 2 mg Capsule - Vesil 5000 c/o DRRM	1.20	6,000.00
	2000	tablet	Mefenamic Acid - 500 mg Tablet - Myrefen 2000 c/o DRRM	1.80	3,600.00
	100	sachet	Oral Rehydration Salts (ORS 75-replacement) - 20.5 g Sachet - Dehydrosol 100 c/o DRRM	4.50	450.00
	5000	tablet	Paracetamol - 500 mg Tablet - Parasaph 5000 c/o DRRM	1.70	8,500.00
	10	tube	Silver Sulfadiazine - 1% Cream, 25 g Tube - Sulfadin 10 c/o DRRM	97.00	970.00
	200	ampule	Tramadol - 50 mg/mL, 1 mL Ampule - Tramal 200 c/o DRRM	80.00	16,000.00
				<b>GRAND TOTAL</b>	<b>99,620.00</b>

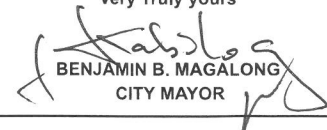
(Total Amount In Words)

**Ninety Nine Thousand Six hundred Twenty 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