

City Government of Baguio

**Purchase Order**

*Dw. Fines  
H80*

Supplier: **LOYOSEN'S ENTERPRISES**  
 Address: **#105 Hilltop, Kayang, Baguio City**  
 E-mail Address: **xxx**  
 Telephone No.: **0920-846-0325/09095759590/09219834877**  
 TIN: **NVAT 410 589 072 000**

P.O No.: 3909  
 Date: 4/8/2021  
 Mode of Procurement: Price Verification 22

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: -  
 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	Antibacterial Medicine c/o Dev Fund		
	19000	tablet	Antibacterial Medicine - Co-Amoxiclav (Amoxicillin +Potassium Clavulanate) 500 mg + 125 mg Tablet - comxicla 19000 c/o DEVFUND	313,500.00	313,500.00
			Note:	16.50	313,500.00
				<b>GRAND TOTAL</b>	<b>313,500.00</b>

(Total Amount In Words)

**Three hundred Thirteen Thousand Five hundred 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

*[Signature]*  
**BENJAMIN B. MAGALONG**  
 CITY MAYOR

Signature over printed name of Supplier

*[Signature]*  
**FRITZ**

Date 04-22-21

**CITY GENERAL SERVICES OFFICE**

**RELEASED**

Date: 4/21/21  
 By: [Signature]