

City Government of Baguio  
 PURCHASE ORDER

Supplier:	MARIANO MARCOS MEMORIAL HOSPITAL
Address:	Batac Ilocos Norte
E-Mail Address:	
Telephone No.:	
TIN:	
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
Date of Delivery:	
Payment Term:	C.O.D.
P. O. No.:	729
Date:	May 7, 2019
Mode of Procurement:	Agency to Agency
P. R. No./S:	016
OBR #:	

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	100	vials	Serum, Anti-Rabies Immunoglobulin (Equine), 200iu/ml, 5ml - DOH Approved	P1,537.56	P153,756.00
<p><b>Note:</b> Expiry Date should not be less than 6 months from the date of delivery</p> <p>Suppliers are required to indicate the BRAND of their offered products on the Canvass Form (Request For Quotation Form)</p> <p><b>Other Documents for Submission upon delivery:</b></p> <ol style="list-style-type: none"> <li>1. Copy of Certificate of Product Registration from FDA</li> <li>2. Copy of Certificate of Distributorship / Authority to Sell Product</li> <li>3. Copy of License to operate (LTO)</li> <li>4. Copy of Purchase Order (PO)</li> </ol> <p>Charge o trust fund: Philhealth                  - Animal Bite Treatment (417-001-002)                  This cancels/ supersedes PR No. 2019-006, due to change of specifications and unit price</p> <p><b>Purpose:</b> For vaccine supplies at the Animal Bite Treatment Center C/O HSO</p>					
					TOTAL Php 153,756.00

(Total Amount in Words) **One Hundred Fifty Three Thousand Seven Hundred Fifty Six Pesos Only.**

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,

**CITY GENERAL SERVICES OFFICE**  
 HON. MAURICIO G. ROMOGAN  
 City Mayor

**RELEASED**

Date: 5-10-19

Date: 6-20-19

Signature over printed name of Supplier: Rizzaly A. Vicente, RPL, MBA  
 License No. 0047468

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

Conforme:

attached to month. procurement agency or bml/19