

City Government of Baguio

Purchase Order

PASTING

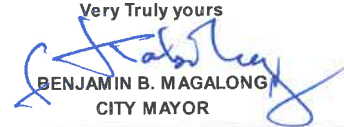
Supplier: NORTHEAST MEDICAL TRADING Address: 19 Marcos Highway, Phil-am, Baguio City E-mail Address: northeast_baguio@yahoo.com.ph Telephone No.: 445-4216/09189259334/09189155765 TIN: VAT 121-633-972-000	P.O No.:909 Date: 9/20/2021 Mode of Procurement: Small Value Procurement 1012
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Gentlemen: **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: 7 Calendar Days
 Date of Delivery: Please input delivery date
 Payment Term: Please input payment terms
Receipt of Purchase Order

Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	Syringe Supplies c/o HSO	62,496.00	62,496.00
	34	box	Syringe - 0.5cc/mL, G23 x 1 in Auto Disabled, 200s - B-D, 100's 34 c/o HSO	1,134.00	38,556.00
	36	box	Syringe - 5cc/ml w/ Needle, 21Gx1 in. , Disposable, 100s - Terumo 36 c/o HSO	665.00	23,940.00
			Note:	GRAND TOTAL	62,496.00

(Total Amount In Words) **Sixty Two Thousand Four hundred Ninety Six 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

<p><u>This is to certify that I have</u> <u>TERMS and CONDITIONS as contained at the</u> <u>back of this Purchase Order and I concur with all</u> Conforme: <i>Rachelle Bantigan</i></p>	<p>Very Truly yours  BENJAMIN B. MAGALONG CITY MAYOR</p>
Signature over printed name of Supplier 	
Date <p style="text-align:center"><i>9/23/21</i></p>	