

6396769

City Government of Baguio

Purchase Order

GSO-File

Supplier: M.A. TAMAYO ENTERPRISES Address: Brgy 1, Poblacion Cagayan E-mail Address: n/a Telephone No.: 0915 789 1286 TIN: 169217318000	P.O No.: 194 Date: Jan. 23, 2020 Mode of Procurement: Small Value Procurement 983
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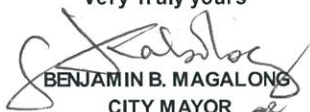
Gentlemen: **Please furnish this office the following articles subject to the terms and conditions contained herein.**
 Place of Delivery: **City General Services Office: Baguio City**
 Delivery Term: **15 Calendar Days**
 Date of Delivery: Please input delivery date
 Payment Term: Please input payment term
Receipt of Purchase Order

Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	MEdical Syringe c/o HSO	137,810.00	137,810.00
	12	box	Syringe - 0.5cc/mL, G23 x 1 in Auto Disabled, 200s - Terumo / Simplex 12 c/o HSO	814.00	9,768.00
	10	box	Syringe - 10cc/ml w/ Needle, 21Gx1 in, Disposable, 100s - Cardinal/Dolas/ Sureguard 10 c/o HSO	710.00	7,100.00
	2	box	Syringe - 1cc/ml w/ Needle, 25Gx5/8 inches, Disposable, 100s - Sureguard 2 c/o HSO	516.00	1,032.00
	42	box	Syringe - 3cc/mL w/ Needle, 21Gx1 Single Use, Steriel, Non-Toxic, Non-Pyrogenic, Latex Free, Luer Lock Tip, 100s - 23G Sureguard 42 c/o HSO	601.00	25,242.00
	36	box	Syringe - 3cc/ml w/ Needle, 23Gx1 in. , Disposable, 100s - Sureguard 36 c/o HSO	413.00	14,868.00
	123	box	Syringe, Insulin - 1/2cc/mL, G29 x 1/2 in, Latex Free, 100s - Simplex 123 c/o HSO	600.00	73,800.00
	10	box	Syringe, Insulin - 1cc/mL, G29 x 1/2 inches (0.33x13mm), Latex Free, 100s - Simplex 10 c/o HSO	600.00	6,000.00
				GRAND TOTAL	137,810.00

(Total Amount In Words) **One hundred Thirty Seven Thousand Eight hundred Ten Pesos and 00/100**

In case of Failure to make the full delivery w ithin 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
