

City Government of Baguio

PURCHASE ORDER

PASTING

Supplier :	VITALINE HEALTHCARE INC.	P. O. No.	4353
Address :	Unit 106, Corporate 101 Building G/F #101 Mother Ignacia Avenue, Brgy. South Triangle Quezon City, Metro Manila	Date	07/05/2021
E-Mail Address :	chris_tadena@vitalinehealthcareinc.com	Mode of Procurement	NP 50
Telephone No. :	09175850408 / 09190933748	P.R No./s:	2021-060
TIN :	009-331-172-000	OBR #	General Fund

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	30 Calendar Days
Date of Delivery :		Payment Term	

receipt of Purchase Order

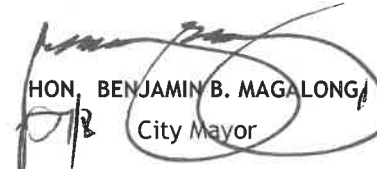
ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	1 8,000	LOT kits	COVID- 19 ANTIGEN TEST ANTIGEN TEST - ICHROMA Specifications: Assay Type: TRFLFA, COVID-19 Antigen Sample type: Nasopharyneal swab, nasal aspirate specimens Sample prep/extraction: Collecting with cotton swab Target: COVID-19 Unit: 25 kit/box Features: fast and precise result (12 minutes) Small POC device Room temperature storage Naspharyngeal swab or nasal aspirate specimens Connect to LIS/HIS Objective results Inclusion: Provision of 5 units ichroma II reader Note: FDA Approved Purpose: For COVID-19 testing kits at the central triage - Baguio Convention Center c/o HSO	320.00	2,560,000.00
				Total Php	2,560,000.00

(Total Amount in Words) **Two Million Five Hundred Sixty Thousand Pesos**

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 read the TERMS and CONDITIONS as contained at the back of this Purchase Order and I concur with all.

Conforme: 
 Mercy 
 Signature over printed name of Supplier

Very truly yours,

 HON. BENJAMIN B. MAGALONG
 City Mayor

Date _____