

City Government of Baguio

PURCHASE ORDER

POSTING

Supplier :	VITALINE HEALTHCARE INC.	P. O. No.	4509
Address :	Unit 106, Corporate 101 Building G/F #101 Mother Ignacia Avenue, Brgy. South Triangle Quezon City, Metro Manila	Date	08/16/2021
E-Mail Address :	chris_tadena@vitalinehealthcareinc.com	Mode of Procurement	NP 68
Telephone No. :	09175850408 / 09190933748	P.R No./s:	2021-067
TIN :	009-331-172-000	OBR #	439-120

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 20,000	LOT kits	COVID- 19 ANTIGEN TEST ANTIGEN TEST - ICHROMA COVID 19 AG Specifications: Assay Type: TRFLFA, COVID-19 Antigen Sample type: Nasopharyneal swab, nasal aspirate specimens Sample prep/extraction: Collecting with cotton swab Target: COVID-19 Antigen Platform: ichroma III reader 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 Note: FDA Approved Purpose: For COVID-19 testing kits at the central triage - Baguio Convention Center c/o HSO	320.00	6,400,000.00
				Total	Php 6,400,000.00


(Total Amount in Words) **Six Million Four Hundred 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.

Very truly yours,

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.

HON. BENJAMIN B. MAGALONG
 City Mayor

Conforme:

 Signature over printed name of Supplier
 08/20/21
 Date