

SIR FILED

PURCHASE ORDER

City Government of Iligan

Agency / Procuring Entity

Supplier	: EXCELL BIOMED DIST. CORPORATION	P.O. No.	: GTLMH-20-024 (NP-SV)
Address	:	Date	: February 26, 2020
E-mail Address	:	Mode of Procurement	: Negotiated Procurement-Small Value
Telephone No.	:		
TIN	:		

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : CGSO Delivery Term 10 Days

Date of Delivery : Payment Term :

STOCK NO.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	pack	Plain Tube / Violet Top	130	PHP 760.00	PHP 98,800.00
2	pack	Applicator Stick	30	75.00	2,250.00
3	box	HBSag Antigen 50's	50	2,000.00	100,000.00
4	box	Typhidot 25's	3	4,000.00	12,000.00
5	bottle	Na+K+Electrolyte Solution Pack	6	19,000.00	114,000.00
6	bottle	Normal Control	6	3,646.00	21,876.00
7	pack	Bluelips	9	1,600.00	14,400.00
8	pack	Yellow Tips	9	1,600.00	14,400.00
9	bottle	Anti-A	60	767.00	46,020.00
10	bottle	Anti-B	60	767.00	46,020.00
11	bottle	Anti-D	60	570.00	34,200.00
12	bottle	Tiplied Distilled Water 6 L	300	350.00	105,000.00
		x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x			
		For use in the laboratory section GTLMH, this city.			

APPROVED
DATE 2/27/2020

(Total Amount in Words): Six Hundred Eight Thousand Nine Hundred Sixty Six Pesos PHP 608,966.00

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.

TORRES DATE Very truly yours,
 02/28/20
 RECEIVED REVIEW **CELSO G. REGENCIA**
 City Mayor

Conformed: *[Signature]*
FELIX DAN VILLEGAS
 Signature over printed name of Supplier
 2/4/2020
 Date

Funds Available: *[Signature]*
ARWINA N. ABARCA
 Assistant City Accountant
 C/C-City Accountant

ALOBS No. : 417-025-0009
 Amount : ₱ 608,966

NOTE This serves as Notice of Award and Contract once conformed within Ten (10) Days, by the supplier