City Government of Iligan
Standard Form Number: SF-GOOD-58
Revised on: May 24, 2004

Project Reference Number: GTMH-TF-20-004 (NP-SV)
Name of the Project: Procurement of Medical Equipm't
Location of the Project: GTLMH, Iligan City

PURCHASE ORDER

City Government of Iligan

Agency / Procuring Entity

Supplier	: KARVIN PHARMA CENTER	P.O. No.	: GTLMH-TF-20-004 (NP-SV)
Address	:	Date	: MARCH 25, 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	lot	Procurement of 1 unit table top autoclave	1	PHP 130,000.00	PHP 130,000.00
		xxxxxxxxxxxxxxxxxxxxxxxxxxxx			
		For use in GTLMH, this city.			
		T.O.R.U. ______			
		DATE 2029758			
(Total Amount in Words)					PHP 130,000.00

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.

TORU/CTO DATE 4/20/20

Very truly yours,

CELSO G. REGENCIA
City Mayor

Conforme: DONALD C. PAMIS
Signature over printed name of Supplier

4/6/2020
Date

Funds Available:

MA. ARWINA N. ABARCA
Assistant City Accountant
OIC-City Accountant

ALOBS No. : 417-025-0009
Amount : ₱ 130,000.-

TRUST FUND

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