

Standard Form Number: SF-GOOD-58  
Revised on: May 24, 2004

# PURCHASE ORDER

City Government of Iligan

Agency / Procuring Entity

*Handwritten initials*

Supplier: D-SHAN PHARMA & TRADE CENTER  
 Address: Door C-1 KMA Comml. Arcade, Quezon Avenue, Pala-o, Iligan City  
 E-mail Address: \_\_\_\_\_  
 Telephone No.: 063-223-7053  
 P.O. No.: CMO(BGCM)-20-025 NP-EMERGENCY  
 Date: May 15, 2020  
 Mode of Procurement: Negotiated Procurement- Emergency

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

Place of Delivery: CGSO  
 Delivery Term: 10 calendar days upon receipt of approved Purchase Order  
 Date of Delivery: \_\_\_\_\_  
 Payment Term: \_\_\_\_\_

STOCK NO.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	lot	Procurement of Medical Supplies X-X-X X-X-X X-X-X For frontliners, volunteers, isolation facility and others affected by COVID 19 Pandemic.	1		PHP 2,499,850.00 VVVVV
					PHP 2,499,850.00

TORU/CTO DATE  
 RECORDED REVIEW  
 2020

Total Amount in Words) 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,  
**CELSO G. REGENCIA**  
 City Mayor

Conforme: *Signature*  
 Signature over printed name of Supplier

Date: 5-15-20

(1499-1)

Funds Available:  
*Signature*  
**MA. ARWINA N. ABARCA**  
 Assistant City Accountant  
 OIC-City Accountant

ALOBS No. 201-FU/FA-20-05-39  
 Amount: 2,499,850

## GENERAL FUND

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