

Standard Form Number: SF-GOOD-58

Revised on: May 24, 2004

Copy

PURCHASE ORDER

City Government of Iligan

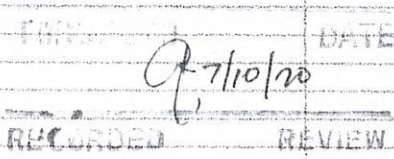
Agency / Procuring Entity

Supplier	: CAB CARE PHARMA	P.O. No.	: ICDRRM-COVID 19-DMP-20-001 NP-EMERGENCY
Address	: Nazareth, Cagayan de Oro City	Date	: June 29, 2020
E-mail Address	: cabcarepharma@gmail.com	Mode of Procurement	: Negotiated Procurement- Emergency
Telephone No.	: (088)881-7326/0947-8935741	TIN	:

Gentlemen:

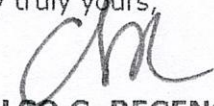
Please furnish this office the following articles subject to the terms and conditions contained herein:

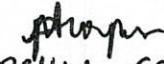
Place of Delivery	: CGSO	Delivery Ter	: 10 calendar days upon receipt of approved Purchase Order
Date of Delivery	:	Payment Term	:

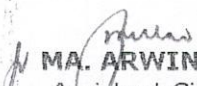
STOCK NO.	IOT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	boxes	Face Mask	700	PHP 1,250.00	PHP 875,000.00
2	tabs	Sodium Ascorbate	500	700.00	350,000.00
		x-x-x-x-x-x-x-x			
		For use during COVID 19 Outbreak.			
					

(Total Amount in Words) PHP 1,225,000.00

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.

Very truly yours,

CELSO G. REGENCIA
 City Mayor

Conforme: 
PORSHIA CORPIN
 Signature over printed name of Supplier
 6-29-2020
 Date

Funds Available:	 MA. ARWINA N. ABARCA Assistant City Accountant OIC-City Accountant	ALOBS No. : <u>439-DTA-001B</u> Amount : <u>1,225,000</u>
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TRUST FUND

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