

PURCHASE ORDER
 City Government of Iligan
 Agency / Procuring Entity

Supplier : KARVIN PHARMA CENTER
 Address :
 E-mail Address :
 Telephone No. :
 TIN :
 P.O. No. : GTLMH-TF-20-004 (NP-SV)
 Date : MARCH 25, 2020
 Mode of Procurement : Negotiated Procurement-Small Value

Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein:
 Place of Delivery : GTLMH Delivery Term : 10 DAYS

STOCK NO.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
I	lot	Procurement of 1 unit table top autoclave XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX For use in GTLMH, this city.	1	PHP 130,000.00	PHP 130,000.00
					PHP 130,000.00

T.O.R.U.
 DATE 7/19/2020

(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.

Conforme: JONARD O. RAMOS
 Signature over printed name of Supplier
 Date 4/6/2020
 TORU/CTO 4/20/20 DATE

Very truly yours,

CELSON G. REGENCIA
 City Mayor

Funds Available:

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

ALOPS 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