

PAU FILE

PURCHASE ORDER

City Government of Iligan
Agency / Procuring Entity

Supplier : GAIL PHARMA TRADING	P.O. No. : GTLMH-TE-20-025 DM(NP-SV)
Address : ILIGAN CITY	Date : June 24, 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 : GTLMH	Delivery Term : 10 days
Date of Delivery :	Payment Term :

STOCK NO.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1		Procurement of Drugs and Medicines (3 vial Methotrexate 50mg/2ml and others)	lot	xxxx	PHP 897,000.00
		XX		xxxx	
(Total Amount in Words): Eight Hundred Ninety Seven Thousand Pesos Only.					PHP 897,000.00

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,
CGR
CELSO G. REGENCIA
City Mayor

③ 09918 - [Stamp]

Conforme: *Fair Angeli Librado*
Signature over printed name of Supplier
7-12-20
Date

TORU/CTO **DATE**
7/2/20

RECORDED **REVIEW**

Funds Available:

[Signature]
MA. ARWINA N. ABARCA
Assistant City Accountant
OIC-City Accountant

ALOBS No. : 417-025-0009
Amount : ₱ 897,000

TRUST FUND

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

