

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

PURCHASE ORDER

City Government of Iligan

Agency / Procuring Entity

Supplier	: GAIL PHARMA TRADING	P.O. No.	: CMO(ICADAC)-20-041(NP-SV)
Address	: G/F Trophix Bldg., G.T.. Lluch. Iligan City	Date	: September 08, 2020
E-mail Address	:	Mode of Procurement	: Negotiated Procurement-Small Value
Telephone No.	:		
IIN	:		

Gentlemen;

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

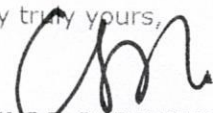
Place of Delivery	: CGSO	Delivery Term	: 10 calendar days upon receipt of approved Purchase Order
Date of Delivery	:	Payment Term	:

STOCK NO.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	pcs	Drug Testing Kit (2 in 1 MET/THC) x-x-x-x-x-x-x-x-x-x-x	1,325	PHP 74.00	PHP 98,050.00 VVVVVV
		For use in CMO-Iligan City Anti-Drug Abuse Council (ICADAC), this city.			
		TORU/CTO			
		DATE			
		RECORDED			
		REVIEW			

(Total Amount in Words) **RECORDED** **REVIEW** PHP 98,050.00

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:

Handwritten signature of Gail Pharma Trading
 Gail Pharma Trading

Signature over printed name of Supplier

OCT. 1, 2020

Date

(1999)

Funds Available:

Handwritten signature of Arwina N. Abarca
MA. ARWINA N. ABARCA
 Assistant City Accountant
 OIC-City Accountant

ALOBS No. : J.O.F-001-A-20-07-80
 Amount : 98,050

GENERAL FUND

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