

PURCHASE ORDER
City Government of Iligan
Agency / Procuring Entity

Supplier: **MINERAL & MEDICAL SUPPLY & GENERAL MERCHANT** P.O. No.: **GTLMH-TF-21-085-MOLS(NP-SV)**
 Address: **Iligan City** Date: **August 16, 2021**
 E-mail Address: _____ Mode of Procurement: **Negotiated Procurement- Small Value-Sec. 53.9**
 Telephone No.: **063-09177102851**
 TIN: _____

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		Procurement of Laboratory Supplies X-X-X-X-X-X-X-X			PHP 918,000.00 VVVVVVV
		For use at the Laboratory Section of GTLMH, this city.	FORU/CTO	DATE	
			<i>[Signature]</i>	<i>[Signature]</i>	
			RECEIVED	REVIEW	
					PHP 918,000.00

(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,
[Signature]
CELSO G. REGENCIA
City Mayor



Conforme: *[Signature]*
ERIC TRAMA
Signature over printed name of Supplier
[Signature]
Date: **SEPT. 2, 2021**



ALOBS No.: **417-025-0004**
Amount: **918,000**

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

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