


PURCHASE ORDER

Cuyapo, Nueva Ecija
LGU

Supplier : 'HARMATEK PHARMA AND MEDICAL SUPPLIES TRADING OR EUNICA JILL S. SANTO		P.O. No. : 2025-01-S0029			
Address : Cuyapo		Date :			
TIN : Non Vat: 468-137-632-00001		Mode of Procurement : Shopping			
		PR No./s 2025-01-S0014			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : _____		Delivery Term : _____			
Date of Delivery : _____		Payment Term : _____			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	Vials	Insulin 70/30	230	835.00	192,050.00
(Total Amount in Words) One hundred ninety two thousand fifty only					192,050.00
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.					
Conforme:		Very truly yours,			
_____		 FLORIDA P. ESTEBAN, M.D. Municipal Mayor (Authorized Official)			
Signature over Printed Name of Supplier					

Date					
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					

Secretary to the Sanggunian		Date			