


PURCHASE ORDERCuyapo, Nueva Ecija
LGU

Supplier : PHARMATEK PHARMA AND MEDICAL SUPPLIES TRADING OR EUNICA JILL S. SANTO		P.O. No. : 2025-02-SO096			
Address : Cuyapo, N.E.		Date :			
TIN : Vat Reg: 459-894-164-00001		Mode of Procurement : Shopping			
		PR No./s 2025-01-SO204			
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
	Bottles	Amoxicillin 250mg/5ml, 60ml Syrup	150	45.00	6,750.00
	Boxes	Amoxicillin 500mg Cap	21	235.00	4,935.00
	Bottles	Amoxicilling 100mg/ml, 10ml	30	35.00	1,050.00
	Boxes	Paracetamol 500mg Tab	15	200.00	3,000.00
	Bottles	Paracetamol 250mg/5ml, 60ml Susp	100	35.00	3,500.00
	Bottles	Paracetamol 100mg/ml, 15ml Drops	50	25.00	1,250.00
	Boxes	Salbutamol 4mg Tab	10	150.00	1,500.00
	Bottles	Salbutamol 2mg/5ml, 60ml Sy	28	45.00	1,260.00
	Bottles	Cefalexin 250mg syr	75	45.00	3,375.00
	Boxes	Cefalexin 500mg Cap	10	590.00	5,900.00
	Bottles	Cetirizine 5mg/5ml	40	30.00	1,200.00
	Boxes	Erythromycin 500mg Tab	3	600.00	1,800.00
	Boxes	Lagundi 600mg Tab	35	600.00	21,000.00
	Bottles	Lagundi 300mg Syrup	200	70.00	14,000.00
	Bottles	Cefuroxime 250mg Susp	14	180.00	2,520.00
	Bottles	Cloxacillin 250mg Susp	10	70.00	700.00
	Bottles	Dicycloverine Syrup	10	40.00	400.00
	Boxes	Dicycloverine Tab	8	120.00	960.00
	Boxes	Metoclopramide Tab	4	250.00	1,000.00
	Boxes	Aluminum Magnesium Tabs	6	200.00	1,200.00
	Boxes	Omeprazole 40mg	4	800.00	3,200.00
	Boxes	Cloxacillin 500mg	5	500.00	2,500.00
	Boxes	Cetirizine Tab	45	100.00	4,500.00
	Boxes	Cinnarizine Tab	8	250.00	2,000.00
	Boxes	Multivitamins syrup (60 ML)	100	60.00	6,000.00
	Boxes	Doxycycline 100mg tab	7	300.00	2,100.00
(Total Amount in Words) Ninety seven thousand six hundred only					97,600.00
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 _____			