

**PURCHASE ORDER**

Cuyapo, Nueva Ecija

LGU

Supplier: <b>MEDRISE PHARMACY OR TONI TRICIA I. PRINCIPE</b> Address: <b>Cuyapo, N.E.</b>  Vat Reg: <b>459-894-164-00001</b>	P.O. No.: <b>2024-10-SO995</b> Date: _____ Mode of Procurement: <b>Shopping</b> PR No./s: <b>2024-09-SO1001</b>
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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
	Boxes	Amlodipine 10mg Tab	32	150.00	4,800.00
	Boxes	Gliclazide 30mg MR Tab	25	250.00	6,250.00
	Boxes	Losartan 50mg Tab	340	220.00	74,800.00
	Boxes	Simvastatin 20mg Tab	100	500.00	50,000.00
	Boxes	Metoprolol 50mg Tab	12	250.00	3,000.00
	Boxes	Losartan 100mg Tab	13	250.00	3,250.00
	Boxes	Metformin Hydrochloride 500mg Tab	142	250.00	35,500.00
	Boxes	Amlodipine 5 mg Tab	120	150.00	18,000.00


**Total Amount in Words) One hundred ninety five thousand six hundred only 195,600.00**

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 assessed on the undelivered item/s.

Conform me:

Very truly yours,

\_\_\_\_\_  
Signature over Printed Name of Supplier

  
**FLORIDA P. ESTEBAN, M.D**  
Municipal Mayor  
(Authorized Official)

\_\_\_\_\_  
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