

## PURCHASE ORDER CITY OF BATAC

## ORIGINAL COPY

		400			Giacine	NAME OF TAXABLE PARTY.	
Supplier:	HEALTI	HPRO GENE	RICS AND MEDICAL SUPPLIES	P.O. No:	P.O. No: PO - 2022-69-602-3		
Address: LAOAG CITY, ILOCOS NORTE				Date:	Date: SFP 15 2022		
E-mail Address:				Mode of F	Mode of Procurement: PB		
Telephone No.:					P.R. No: 100-2022-02 -061		
TIN:				Date: 2/0	Date: 2/0 /2022		
Gentlemen		h this offic	e the following articles subject to the to	orms and condition	one contained herein		
					m:FOB destination; freight		
Place of Delivery GSO, CITY HALL, CITY OF BATAC, I.N.  Date of Delivery w/in 30 days upon receipt of NTP					Payment Term: n/120		
ITEM NO.	_	_	DESCRIPTION	Ir dyment	UNIT COST	AMOUNT	
1	60	unit	Heavy Duty mechanical weigh bea with height - DETECTO	m platform	29,800.00	1,788,000.00	
	- 0		Sepcifications:	CIE .			
			Capacity: 180kg\$-230kgs				
			Readability: 50g-100g				
			Pan Size: at least 260mmx370mm				
			Rod height: minimum height 60cm				
			maximum height: 210cm				
			Scale height: at least 58"				
			Cscale weight: at least 15kg				
			Maximum 20kg				
			Inclusions: warranty & after sales se	sions: warranty & after sales service and enance of calibration for at least 1 year			
			THE STATE OF THE PARTY OF THE P				
			RECEIVED TO	1			
			DECTO	<u> </u>			
			3 7072				
			lea to				
			Notice &				
OTAL AMOUNT IN WORD NINE HUNDRED SEVENTY FIVE THOUSAND AND 00/100 PESOS ONLY						1,788,000.00	
			e full delivery within the time specified of delay shall be imposed.	above, a penalty	of one-tenth (1/10)		
or one per	Jen ur	everyday	Very truly y	ours,			
			Ah		ENCO AND	ERT D. CHUA	
Conforme:			Signature Over Printed Name			Mayor	
			9 - 16 - 22				
		-	Date (mm/dd/yyyy)				
			- mrs (1001 mm) 1 1 1 1 1				