



PURCHASE ORDER CITY OF BATAC

ORIGINAL COPY

Supplier: **STY - BATAC AGRO INDUSTRIAL TRADING**

Address: **CITY OF BATAC, ILOCOS NORTE**

E-mail Address:

Telephone No.:

TIN: **902-844-993**

P.O. No: **1071 - 2023 - 11 - 010**

Date: **NOV 09 2023**

Mode of Procurement: **PB**

P.R. No: **100-2023- 08 - 071**

Date: **8-18-23**



Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: **GSO, CITY HALL, CITY OF BATAC, I.N.**

Date of Delivery: **w/in 30 days after receipt of NTP**

Delivery Term: **FOB destination; freight prepaid**

Payment Term: **n/120**

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
			Injectable		
1	20	ampule	Anti-Fibrinolytic, at least 5ml	1,500.00	30,000.00
2	10	bottle	Anti-Inflammatory, at least 100 ml	3,000.00	30,000.00
3	2	bottle	Analgesic, at least 100mg	3,000.00	6,000.00
4	20	ampule	Analgesic, at least 2ml	1,500.00	30,000.00
5	2	bottle	Vitamins, at least 100ml	3,000.00	6,000.00
6	2	bottle	Multivitamins Electrolytes, at least 500ml	3,000.00	6,000.00
7	20	ampule	Adrenergic, at least 1ml	1,500.00	30,000.00
8	20	bottle	Anesthetic, at least 50ml	3,000.00	60,000.00
9	160	bottle	Anesthetic, at least 5ml	2,995.00	479,200.00
10	12	bottle	Antibiotic, at least 100ml	3,000.00	36,000.00
			Dextrose		
11	10	ltr	Solution for OV Infusion, at least 1000ml	2,500.00	25,000.00

TOTAL AMOUNT IN WORD: Seven Hundred Thirty-Eight Thousand Two Hundred Pesos Pesos and 00/100 ONLY **738,200.00**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent or everyday of delay shall be imposed.

Very truly yours,

Conforme:
 Signature Over Printed Name

 Date (mm/dd/yyyy)

ENGR. ALBERT D. CHUA
 City Mayor