

PURCHASE ORDER CITY OF BATAC

ORIGINAL COPY

				P.O. No:	CH (2124	- M2-X2A	
Supplier: HEALTHPRO GENERICS AND MEDICAL SUPPLIES				P.O. No: 040 2023			
					Mode of Procurement: NP CNP		
Address: LAOAG CITY, ILOCOS NORTE				P.R. No: 1	P.R. No: 100-2023-06-029		
Telephone No.: 09333377333				Date:06/08/2023			
Gentiemen Pleas		this offic	e the following articles subject to the terms	and conditions co	ontained herein	SEP 1 5 7000	
			BATAC, I.N.	Delivery Term:FOB destination; freight prepaid			
A CONTRACTOR OF THE PARTY OF TH		The state of the s	days after receipt of PO		Payment Term: n/120		
ITEM NO.		UNIT	DESCRIPTION	,		AMOUNT	
1	504	bottle	Ferrous Sulfate Drops		45.00	22,680.00	
2	1350	cap	Dibencozide, 1 mg.		56.00	75,600.00	
						TWO IS NOT	
TOTAL AMOUNT	IN WORDS		NINETY EIGHT THOUSAND TWO HUNDRED EIGHT	TY AND 00/100 PESO	SONLY	98,280.00	
of one perc		veryday o	THPRO GENERICS AND MEDICAL SUPI	yours,	ENGR. ALB	ERT D. CHUA	
			Date (mm/dd/yyyy)				