



**PURCHASE ORDER  
CITY OF BATAC**

**ORIGINAL COPY**

Supplier: **STY BATAC AGRO INDUSTRIAL TRADING**

P.O. No: UET/2623-11-013

Date: NOV 17 2023

Address: **BATAC CITY, ILOCOS NORTE**

Mode of Procurement: OP SVT

P.R. No: **100-2023-11-016**

Telephone No.: **09175488773**

Date: **11/08/2023**

Gentlemen:

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

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

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

Date of Delivery: w/in 15 days after receipt of PO

Payment Term: **n/120**

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	10	ltr	Sodium Chloride (0.9%)	2,500.00	25,000.00
2	21	box	Chromic Catgut '3/0	850.00	17,850.00
3	21	box	Chromic Catgut '2/0	850.00	17,850.00
4	42	box	Polyglactin '3/0	850.00	35,700.00
5	42	box	Polyglactin '2/0	850.00	35,700.00
6	10	box	Scalpel Blade size #10	850.00	8,500.00
7	4	box	IV Catheter (Pink, Blue, Yellow and Purple)	3,500.00	14,000.00
8	4	pcs	Endotracheal Tube (Size 3,4,5,6)	3,500.00	14,000.00
9	20	roll	IV Line	1,250.00	25,000.00
10	10	pack	Bed Pad, 40's, Large	1,500.00	15,000.00



TOTAL AMOUNT IN WORDS: **TWO HUNDRED EIGHT THOUSAND SIX HUNDRED AND 00/100 PESOS ONLY** **208,600.00**

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

Very truly yours,

Conforme: *cm*  
**STY BATAC AGRO INDUSTRIAL TRADING**  
 Signature Over Printed Name  
11-17-23  
 Date (mm/dd/yyyy)

*[Signature]*  
**ENGR. ALBERT D. CHUA**  
 City Mayor