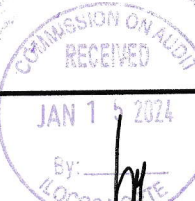




PURCHASE ORDER CITY OF BATAC



Supplier: ABM-A BUILDER MARKETING	P.O. No: <u>Cpo-2023-12-020</u>
Address: <u>Laoag City</u>	Date: DEC 20 2023
E-mail Address:	Mode of Procurement: PB
Telephone No.:	P.R. No: <u>100-2023-10-038</u>
TIN: <u>111-816-932-000</u>	Date: <u>10-12-23</u>

Gentlemen:

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

Place of Delivery	Delivery Term: FOB destination; freight prepaid
Date of Delivery w/in <u>10</u> days upon receipt of NTP	Payment Term: n/120

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	100	box	Amoxicillin 500mg cap 100's	600.00	60,000.00
2	288	bot	Amoxicillin 250mg susp	82.00	23,616.00
3	260	box	B Complex Tablet 100mg 100's	377.00	98,020.00
4	1000	box	Calcium Carbonate 500mg 100's	348.00	348,000.00
5	50	box	Cefalexin 500mg cap	640.00	32,000.00
6	144	bot	Cefalexin 250mg susp	38.00	5,472.00
7	144	bot	Clarithromycin 250mg/5ml, 50ml	495.00	71,280.00
8	144	bot	Co-Amoxiclav 457mg/5ml 60ml	218.00	31,392.00
9	200	bot	Chlorphenamine Maleate Syrup 2.5mg/5ml, 60ml	53.00	10,600.00
10	54	box	Chlorphenamine Maleate tab 4mg	97.00	5,238.00
11	100	bot	Cloxacillin 125mg susp. 60ml	45.00	4,500.00
12	1100	box	Combine Oral Contraceptive (COC) Pills 28's	86.00	94,600.00
13	10	ampule	Diphenhydramine Hydrochloride 50mg/ml	116.00	1,160.00
14	3	ampule	Epinephrine 1mg/ml	63.00	189.00
15	6	box	Ethambutol 200mg tab 100's	438.00	2,628.00
16	100	bot	Ferrous Sulfate Drops 15ml	23.00	2,300.00
17	100	box	Ferrous Sulfate Tablet 100's	210.00	21,000.00
18	1000	box	Ferrous Sulfate Tablet with folic 100's	252.00	252,000.00
19	10	vial	Hydrocortisone Injection 100mg Powder	95.00	950.00
20	200	vial	Insulin 70/30	1,890.00	378,000.00
21	15	box	Iodine Capsules 200's	2,625.00	39,375.00
22	15	bot	Iodine Tab 225mcg 250's	800.00	12,000.00
(TOTAL AMOUNT IN WORDS)					1,494,320.00

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:

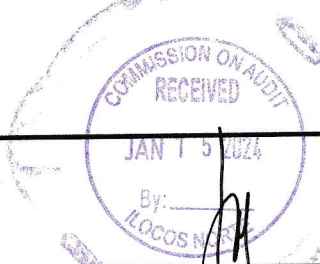
[Signature]
Signature Over Printed Name
12-21-23

Date (mm/dd/yyyy)

[Signature]
ENGR. ALBERT D. CHUA
City Mayor



PURCHASE ORDER CITY OF BATAC



Supplier: ABM-A BUILDER MARKETING	P.O. No: ORD-2573-12-1020
Address: Laoag City	Date: DEC 20 2023
E-mail Address:	Mode of Procurement: PO
Telephone No.:	P.R. No: 100-2023-10-038
TIN: 111-816-932-000	Date: 10-12-23

Gentlemen:

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


Place of Delivery	Delivery Term: FOB destination; freight prepaid
Date of Delivery w/in 10 days upon receipt of NTP	Payment Term: n/120


ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
Amount Brought Forward					1,494,320.00
23	100	bot	Isoniazid 200mg/5ml. 120ml	158.00	15,800.00
24	5	pc	Lidocaine 5% Oint,ent topical 50mg	900.00	4,500.00
25	338	bot	Multivitamin Syrup 120 ml	73.00	24,674.00
26	144	bot	Multivitamin Syrup with Buclizine 120 ml	368.00	52,992.00
27	20	box	Omeprazole, 40mg	368.00	7,360.00
28	144	bot	Paracetamol Drops 100mg 15ml	38.00	5,472.00
29	500	box	Progestin-Only Pills	308.00	154,000.00
30	150	bot	Pyrazinamide 250mg / 5ml, 120 ml	130.00	19,500.00
31	10	ampule	Ranitidine Injection 25mg /ml 2ml	23.00	230.00
32	160	bot	Rifampicin 200mg / 5ml 120 ml	218.00	34,880.00
33	25	box	Risperidone Tablet, 2mg, 50's	2,621.00	65,525.00
34	15	box	Salbutamol Nebule 5's	75.00	1,125.00
35	250	box	Simvastatin 20mg	294.00	73,500.00
36	1	box	Tranexamic Acid 500mg capsule 100's	662.00	662.00
37	200	box	Zinc Sulfate Drops 27.5mg/ml 15ml	68.00	13,600.00
38	200	bot	Zinc Sulfate Syrup 60ml, 20mg 5ml	74.00	14,800.00
39	1500	pack	Micronutrient Powder	241.00	361,500.00
40	100	pc	Tetanus / Diptheria Vaccine	1,155.00	115,500.00
(TOTAL AMOUNT IN WORDS) Two Million Four Hundred Fifty-Nine Thousand Nine Hundred Forty pesos and 75/100					2,459,940.00

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
12-21-23
Date (mm/dd/yyyy)


ENGR. ALBERT D. CHUA
City Mayor