



PURCHASE ORDER CITY OF BATAC

ORIGINAL COPY

Supplier: **ABM - A BUILDER MARKETING** P.O. No: **OKD-2024-84-025**
 Address: **Laoag City, Ilocos Norte** Date: **APR 25 2024**
 E-mail Address: Mode of Procurement: **PB**
 Telephone No.: P.R. No: **100-2024-03-045**
 TIN: **111-816-932-00000** Date: **03/15/24**



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 30 days upon receipt of NTP** Payment Term: **n/120**

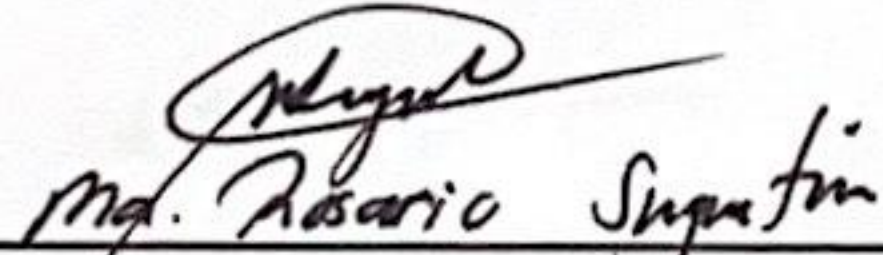
ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	100	pc	Rotavirus vaccine - Human (RV1) oral suspension	3,495.00	349,500.00
2	83	vials	Quadrivalent Influenza Vaccine	1,795.00	148,985.00
(TOTAL AMOUNT IN WORDS) Four Hundred Ninety-Eight Thousand Four Hundred Eighty-Five & 00/100 Pesos Only					498,485.00

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,

ENGR. ALBERT D. CHUA
 City Mayor

Conforme:



 Signature Over Printed Name

 4-25-24

 Date (mm/dd/yyyy)