



# PURCHASE ORDER CITY OF BATAC



ORIGINAL COPY

Supplier: <b>ABM - A BUILDER MARKETING</b>	P.O. No: <b>6AD-2024-10-03-A</b>
Address: Laoag City, Ilocos Norte	Date: <b>OCT 03 2024</b>
E-mail Address: <i>aldrin medicine@hotmail.com</i>	Mode of Procurement: <b>PB</b>
Telephone No.: <i>0917-670-90-96</i>	P.R. No: 100-2024-07-089
TIN: 111-816-932-00000	Date: 07/29/24

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 <i>w/in 30 days upon receipt of NTP</i>	Payment Term: <i>n/120</i>

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	300	vial	Quadrivalent 4 Strain Flu	1,995.00	598,500.00
2	105	vial	23 Strain Pneumococcal	4,745.00	498,225.00
			x-x-x-x-x nothing follows x-x-x-x-x		
(TOTAL AMOUNT IN WORDS) One Million Ninety-Six Thousand Seven Hundred Twenty-Five & 00/100 Pesos Only					1,096,725.00

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. GHUA**  
City Mayor

Conforme: *Aldrin M. Aguirre*  
Signature Over Printed Name  
10-3-2024  
Date (mm/dd/yyyy)