

PURCHASE ORDER CITY OF BATAC

ORIGINAL COPY

Supplier: H	HEALTH	HPRO GEN	IERICS AND MEDICAL SUPPLIES	P.O. No: 0/10 - 64 - 21 Date: APR 2 1 2025 Mode of Procurement: UP 3VP P.R. No: 100-2025-02-075		
Address: L	AOAG	CITY, ILO	COS NORTE			
Telephone No.: 09333377333				Date:02/24/2025		
Gentlemen Please		h this office	e the following articles subject to the terms	and conditions of	contained herein:	
Place of De	elivery:	CITY OF	BATAC, I.N.	Delivery Term:FOB destination; freight prepaid		
Date of Del	livery:	w/in 3 o	ays after receipt of PO	Payment Term: n/120		
ITEM NO.	QTY	UNIT	DESCRIPTION		UNIT COST	AMOUNT
1	4	barrels	Chlorine Granules, 70% Japan (NICK	(ma	18,000.00	72,000.00
					COMMISSION STATE OF THE STATE O	IVEN
TOTAL AMOUNT	TOTAL AMOUNT IN WORDS SEVENTY TWO THOUSAND AND 00/10			PESOS ONLY		72,000.00
of one perc		everyday o	THPRO GENERICS AND MEDICAL SUPP Signature Over Printed Name 12372 Date (mm/dd/yyyy)	ours,	ENGR. A	BERT D. CHUA