

PURCHASE ORDER

TINGLAYAN

LGU

Supplier:	I OPTION TRADING CO.	P.O. No.:	2020-02-93A
Address:	PASIG CITY	Date:	3/18/20
Gentlemen:		Mode of Procurement:	

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

Place of Delivery:			Delivery Item:		
Date of Delivery:			Payment Term:		
Item No.	Qty.	Unit of Issue	Item Description	Unit Cost	Amount
32	5	pack	Microscope Lens Paper (Fisher)	300.00	1,800.00
33	5	box	Glucosure AutoCode Sugar Strips	1,500.00	7,500.00
34	3	PC	Sealing Clay (Vitrex) 320/960	320.00	960.00.00
35	440	Pcs.	Rapid Diagnostic Test Kits(Innovita) 1,500.00	1,500.00	660,000.00
36	3	Bxs.	Lancet /960	350.00	1050.00
38	5	SETS	Mechanical Beds with foam 21,000	21,000	105,000.00
39	6	box	Shoe Cover	600.00	3,600.00
40	50	Bxs.	Surgical Face Mask	1,250.00	62,500.00
41	20	pc	Hand Sprayer	100.00	2,000.00
42	100	pcs	Medical Grade Disposable Hazmats	1,650.00	165,000.00
43	20	Pcs..	pulse oximeter	1,600.00	32,000.00
44	100	PAIRS	surgical gloves size 6.5 'by 50 pairs	35.00	3,500.00
45	500	PAIRS	clean gloves '100s	22.00	11,000.00
46	20	BXS	MICROPORE 2" 12'S 570	570.00	11,400.00
47	300	pcs	Ppe with googles	1,450.00	435,000.00
48	41	pc	Hard hat w/ face shield	1,200.00	49,200.00
49	100	pcs	Medical face shield	350.00	35,000.00
50.	20	Bots.	Zonrox 500 ml	80.00	1,600.00
51	40	pcs	Safeguard soap	45	1,800.00
Total amount in words: *					P 2,537,430.00

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

<p>I OPTION TRADING CO. Signature Over Printed Name</p>	<p align="right">Very truly yours, ATTY. SACRAMENT S. GUMILAB Authorized Official</p>
<p>_____</p> <p>Date</p>	

<p>(In case of negotiable purchase pursuant to section 369 (a) of RA 7160, this portion must be accomplished.) Approved to be purchased thru negotiable purchase per Sanggunian Re. No. _____ Sanggunian Res. No. _____ Certified Correct: _____ Sec. to the Sanggunian</p>	<p>Requisitioning Office/Department</p> <p>AITE CAREN S. LIWAGAN Municipal Health Officer</p>	<p>Funds Available: Amount: R.O.No.:</p> <p align="center">PRESENTACION A. ODIEM, CPA Municipal Accountant</p>
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