

Republic of the Philippines
 PROVINCE OF SOUTH COTABATO

PURCHASE ORDER



Supplier: LAFORTEZA PHARMACY Purchase Order No.: ITB 19 - 0580
 Address: Osmeña St., Koronadal City Date: August 13, 2019
 Telephone No. 229-1167 Mode of Procurement: Public Bidding
 Purchase Request No.: 19 - 0245

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

Place of Delivery: NDH/PGSO Delivery Term: 20 CALENDAR DAYS FROM RECEIPT OF PURCHASE ORDER
 Date of Delivery: On or before , 2019 Payment Term: CREDIT

Item No	Qty.	Unit	Description	Unit Cost	Amount
1	100	vls	AMINO ACID Solution for Injection 20ml NUTRIMIN	185.00	18,500.00
2	4,800	btls	D5 0.3% Saline, 500ml EUROMED	70.00	336,000.00
3	2,400	btls	D5 LR 1L EUROMED	70.00	168,000.00
4	2,400	btls	DISTILLED WATER 50ml EUROMED	38.00	91,200.00
5	500	box	ORAL REHYDRATION SALT ORS Generic	120.00	60,000.00
6	2,400	btls	PLAIN LR 1L/btl. EUROMED	70.00	168,000.00
7	3,600	btls	PLAIN SALINE 1L/btl. EUROMED	70.00	252,000.00
8	50	amps	SODIUM BICARBONATE 1mEq/ml, 50ml PPI	225.00	11,250.00
9	48	btls	D10 WATER 500ml/btl EUROMED	70.00	3,360.00

x-x-x nothing follows x-x-x

***Expiration date not less than one (1) year from date of delivery

Note:
 For use of Norala District Hospital

"Please attach Warranty Bond upon delivery of item/s"

Implementing Office: NDH
 Source of Fund: TRUST FUND-LBP-0752-1037-55-ICHSP-NDH-2018
 Amount: P 1,129,600.00
 Quotation No.: ITB 19 - 0056A

(Total Amount in Words) *ONE MILLION ONE HUNDRED EIGHT THOUSAND THREE HUNDRED TEN PESOS* **1,108,310.00**

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

Conforme: Very truly yours,

LAFORTEZA PHARMACY

Dealer

Date

REYNALDO S. TAMAYO, JR.

Provincial Governor