

PURCHASE ORDER

PROVINCIAL HEALTH OFFICE, NEW CAPITOL BUILDING, TAGBILARAN CITY
 Agency/Procuring Entity

PR 0574-1

Supplier :	<u>DEXTEL TRADING</u>	D.O. No. :	P.O. # - PHO - 2021 - 321
Address :	<u>0410, Tamblot Street, Cogon District, Tagbilaran City</u>	Date :	<u>December 02, 2021</u>
Telephone No.:	_____	Mode of Procurement :	<u>Negotiated Canvass thru</u>
TIN :	_____		<u>Emergency Cases</u>

Gentlemen/Mesdames:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: GOVERNOR'S OFFICE, NEW CAPITOL BUILDING, TAGBILARAN CITY Delivery Term: Please Read Terms & Conditions at the back hereof

Date of Delivery : SEVEN (7) DAYS UPON RECEIPT OF NOTICE TO PROCEED Payment Term: Upon Completion of Delivery

Warranty Period: THREE (3) MONTHS

Item No.	QTY	UNIT	DESCRIPTION OF SUPPLIES	UNIT COST	AMOUNT
1	4900	tab	Azithromycin 500mg tablet	128.00	627,200.00
2	4900	tab	Levofloxacin 500mg tablet	48.00	235,200.00
3	800	tab	Dexamethasone 6mg tablet	28.00	22,400.00
5	14600	tab	Lagundi+zinc tab	6.00	87,600.00
6	200	tab	Diphenhydramine 25mg tablet	33.00	6,600.00
7	4900	tab	Sodium Ascorbate + zinc 500mg/20mg	6.00	29,400.00
9	4900	tab	Famotidine 20mg	22.00	107,800.00
11	4900	tab	Colecalceferol(Calcium + Vit. D3)	8.00	39,200.00
			X-X		
			TOTAL > > >		1,155,400.00
					VVVVVVVVVV

(total amount in words) **ONE MILLION ONE HUNDRED FIFTY FIVE THOUSAND FOUR HUNDRED PESOS ONLY**

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.

Conforme: _____ Very truly yours,
DEXTEL TRADING **ATTY. ARTHUR C. YAP**
 Signature over printed name of Supplier Governor
DEC 09 2021 Date
 By Authority of the Governor:
ATTY. KATHYRIN FE D. PIOQUINTO
 Date Approved: _____

Funds Available: _____