

MUNICIPALITY OF GINATILAN, CEBU  
 Standard Form Number SF-GOOD-58  
 Revised on: May 24, 2004  
 Standard Form Title: **Purchase Order**

**PURCHASE ORDER**  
Municipality of Ginatilan  
 Procuring Entity

Supplier ECM MEDICAL SUPPLY  
 Address CEBU CITY  
 E-mail Address \_\_\_\_\_  
 Telephone No. 416-0044  
 TIN 308-355-980-00000

P.O No \_\_\_\_\_  
 Date 11/24/10  
 Mode of Procurement \_\_\_\_\_

Gentlemen:

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

Place of Delivery LGU - Ginatilan, Cebu Delivery Term \_\_\_\_\_  
 Date of Delivery \_\_\_\_\_ Payment Term \_\_\_\_\_

STOCK NO.	UNIT	ITEM DESCRIPTION	QTY	UNIT COST	TOTAL COST
1	box	Losartan 50mg	50	Php285.00	Php14,250.00
2	box	Losartan 100mg	50	Php478.00	Php23,900.00
3	box	Amlodipine 5mg	80	Php75.00	Php6,000.00
4	box	Amlodipine 10mg	80	Php82.00	Php6,560.00
5	box	Metformin 500mg	100	Php160.00	Php16,000.00
6	box	Gliclazide 30mg	10	Php155.00	Php1,550.00
7	bottle	Glucometer Strips	6	Php1,300.00	Php7,800.00

TOTAL Php76,060.00

AMOUNT IN WORDS: **Seventy-Six Thousand Sixty Pesos Only**

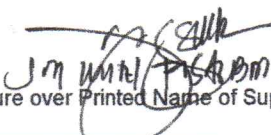
In case of failure to make full delivery within the time specified above , a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed

Conforme:

Funds Available:

Very truly yours,

  
**ROY VINCENT P. SINGCO**  
 Municipal Mayor

  
 Signature over Printed Name of Supplier  
 \_\_\_\_\_  
 Date

**JOAN F. NARVASA**  
 Mun. Accountant

ALOBS NO:  
 Amount Php