MUNICIPALITY OF GINATILAN, CEBU Standard Form Number SF-GOOD-58

Revised on: May 24, 2004

Standard Form Title: Purchase Order

Project Reference Number: 2024-41

Name of Project: Procurement of Drugs, Medicine.

Medical & Laboratory and Food Stuff

Location of Project: Ginatilan, Cebu

## **PURCHASE ORDER**

Municipality of Ginatilan Procuring Entity

Supplier

GLP PHARMA CORP.

Address

4G Pacific Square Bldg., F. Cabahug St., Cebu City

P.O No

160-24-10-070

Date

10 - Rt. 74

Mode of

Procurement

Bidding

TIN Gentlemen:

E-mail Address

Telephone No.

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

contained herein:

Place of Delivery Municipality of Ginatilan Delivery Term
Date of Delivery Payment Term

Date of Delivery			Payment Term		3.1	
STOCK NO.	UNIT	ITEM DESCRIPTION	QTY	UNIT COST	TOTAL COST	
		Drugs & Medicine				
	vial	Anti Tetanus Injection	90	299.75	26,977.50	
	bottle	lodine Capsule for pregnant women	500	250.00	125,000.0	
1	bottle	Albendazoie Tablet for pregnant women	10	1750.00	17,500.0	
	bottle	Albendazole Tablet for 12 - 59 mos	30	1795.00	53,850.0	
	pcs	Calcium Carbonate for pregnant women	1000	14.75	14,750.0	
	bottle	Folic for pregnant women	1520	199.75	303,620.0	
		Medical & Laboratory Supplies				
	test kit	Glucometer + strips	5	1995.00	9,975.0	
	test kit	Syphilis Test Kit	3	6590.00	19,770.0	
	test kit	Hepa B Test Kit	164	199.50	32,718.0	
	pax	Maternal Kit (includes)	147	300.00	44,100.0	
		Rubbing Alcohol 150ml				
		Under pads for mother				
		Cord clap	þ.			
		Cotton medium size				
		Newborn diaper				
		D5 LR IV				
		Baby bath soap small size				
		Adult diaper - medium				
	pcs	Paper bag for the kit	147	19.00	2,793.0	

	on One Hundred Sixty Four Thousand Fifty Three	Pesos &	TOTAL	₱1,164,053.50
AMOUNT IN WO	RDS:			
pax	Food supplementation for undernourished Children	5400	60.00	324,000.00
рах	Dietary supplementation for Nutritionally at- Risk Women	5400	35.00	189,000.00
	Food Stuff			

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

Very truly yours,

Conforme:

DAISY JANE B. BIANC

Signature over Printed Name of Supplier

Date

OB R NO: Amount Php

Municipal Mayor