



PURCHASE ORDER
Municipal Government of Santa Fe, Romblon
LGU

Supplier : NORTH STAR PHARMACY & MEDICAL SUPPLY		P.O. No. : 2022-10-0118			
Address : Odiongan, Romblon		Date : October 14, 2022			
TIN :		Mode of Procurement : Public Bidding			
Gentlemen:		PR No./s : 2022-08-0163			
Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Municipal Hall-Poblacion, Santa Fe, Romblon</u>		Delivery Term : <u>Deliver at the Municipal Hall</u>			
Date of Delivery : <u>Within 30 Working Days upon the receipt of NTP</u>		Payment Term : <u>Check</u>			
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
2022-1686-4411	box	Amoxicillin, 500mg/cap, 100's	61	200.00	12,200.00
2022-1687-4411	amp.	Atropine Sulfate 1mg/ml IM/IV	5	30.00	150.00
2022-1688-4411	box	Calcium Carbonate 1.25g/tab 100's	30	70.00	2,100.00
2022-1689-4411	box	Ciprofloxacin 500mg/tab, 100's	30	190.00	5,700.00
2022-1690-4411	box	Cefalexin 500mg/tab, 100's	30	290.00	8,700.00
2022-1691-4411	box	Cloxacillin 500mg/cap, 100's	30	265.00	7,950.00
2022-1692-4411	box	Co-Amoxiclav 625/tab, 14's	25	145.00	3,625.00
2022-1693-4411	box	Dexamethasone 4mg/tab, 100's	5	60.00	300.00
2022-1694-4411	box	Erythromycin 500mg/cap, 100's	37	345.00	12,765.00
2022-1695-4411	box	Ferrous Sulfate + Folic Acid 300mg/250mcg tab, 100's	600	95.00	57,000.00
2022-1696-4411	box	Fetal Doppler (good quality)	7	6,100.00	42,700.00
2022-1697-4411	amp.	Gentamicin 80mg/2ml (40mg/ml IM/IV)	10	15.00	150.00
2022-1698-4411	amp.	Hydralazine Hydrochloride (20mg/ml IM/IV)	10	27.00	270.00
2022-1699-4411	box	Mefenamic Acid 500mg/cap, 100's	30	85.00	2,550.00
2022-1700-4411	box	Multivitamins 500cap, 100's	30	70.00	2,100.00
2022-1701-4411	box	Oxytocin ampule, 10 IU/ml	20	85.00	1,700.00
2022-1702-4411	box	Sodium Ascorbate cap, 100's	30	125.00	3,750.00
2022-1703-4411	amp.	Vitamin B1+B6+B12 3ml/amp	10	15.00	150.00
2022-1704-4411	amp.	Vitamin K ampule	20	15.00	300.00
(TOTAL Amount in Words): ONE HUNDRED SIXTY FOUR THOUSAND ONE HUNDRED SIXTY PESOS					164,160.00
<p>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 every day of delay shall be imposed on the undelivered item/s.</p> <p>Conforme:  Very truly yours, </p> <p style="text-align: center;">NORTH STAR PHARMACY & MEDICAL SUPPLY Signature over Printed Name of Supplier</p> <p style="text-align: center;">ELSIE D. VISCA Signature over Printed Name of Authorized Official Acting Municipal Mayor Designation</p>					
<p>(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)</p> <p>Approved per Sanggunian Resolution No.: _____</p> <p>Certified Correct:</p> <p style="text-align: center;">N/A Secretary to the Sanggunian</p> <p style="text-align: right;">_____ Date</p>					