
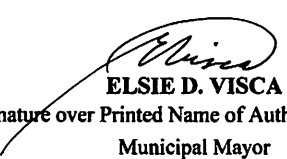


PURCHASE ORDER
Municipal Government of Santa Fe, Romblon
LGU

Supplier : <u>NORTH STAR PHARMACY & MEDICAL SUPPLY</u>			P.O. No. : <u>2023-12-0196 (Lot 2)</u>		
Address : <u>Odiangan, Romblon</u>			Date : <u>December 28, 2023</u>		
TIN : _____			Mode of Procurement : <u>Public Bidding</u>		
Gentlemen:			PR No./s : <u>2023-11-0239</u>		
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>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
2023-2257-4411	box	AMLODIPINE 5mg/tab, 100's	200	65.00	13,000.00
2023-2258-4411	box	AMLODIPINE 10mg/tab, 100's	100	75.00	7,500.00
2023-2259-4411	box	BIPERIDEN Hcl 2mg/tab, 100's	3	755.00	2,265.00
2023-2260-4411	box	GLICLAZIDE 30mg/tab, 100's	20	145.00	2,900.00
2023-2261-4411	box	LOZARTAN 50mg/tab, 100's	200	145.00	29,000.00
2023-2262-4411	box	LEVODOPA CARBIDOPA 100mg/25mg tab, 100's	2	4,900.00	9,800.00
2023-2263-4411	box	SIMVASTATIN 40mg/tab, 100's	22	245.00	5,390.00
(Total Amount in Words): SIXTY NINE THOUSAND EIGHT HUNDRED FIFTY FIVE PESOS					69,855.00
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 every day of delay shall be imposed on the undelivered item/s.					
Conforme:			Very truly yours,		
 NORTH STAR PHARMACY & MEDICAL SUPPLY Signature over Printed Name of Supplier _____ Date			 ELSIE D. VISCA Signature over Printed Name of Authorized Official Municipal Mayor Designation		
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
N/A			_____		
Secretary to the Sanggunian			Date		