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HODONIBUS

Purchase Request Number : 21-3845
Purchase Request Date : December 08, 2021
PPMP Code : CHO21-NCD 010

Republic of the Philippines
City Government of Cagayan de Oro
BIDS AND AWARDS COMMITTEE (BAC) - GOODS
City Hall, Cagayan de Oro City

PURCHASE ORDER

page 1 of 1

Supplier : **GOLDEN PHARMACEUTICAL**
Address : **CAMAMAN-AN, CAGAYAN DE ORO CITY**
E-mail Address : _____
Telephone No. : _____
TIN : _____

P.O. No. : **0511**
Date : **MAR 07 2022**
Mode of Procurement : **NEGOTIATED (53.9) SMALL-VALUE OF THE 2016 RIRR OF RA 9184**

Gentlemen:

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

Place of Delivery : CITY HEALTH OFFICE Delivery Term : THIRTY (30) CALENDAR DAYS
via CGSO for inspection
Date of Delivery : _____ Payment Term : _____

ITEM NO.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	box	Amlodipine - 10 mg Tablet : as besilate/camsylate EODIPINE	300	142.50	₱42,750.00
2	box	Losartan Potassium 100 mg. Tablet, 100's/box NATRA	300	370.50	P111,150.00
3	box	Metformin Hydrochloride 500mg. : 100's/box GLYCEMET	350	148.00	P51,800.00
4	box	Gliclazide 30mg. Tablet, 100's/box GLYCENORIN *80m	200	342.00	P68,400.00
5	box	Simvastatin 20mg Tablet, 100's/box SAPHUAS/PHILSTA	160	133.00	P21,280.00
6	box	Aspirin 80mg. Tablet, 100's/box SAPHRIN	200	186.00	P37,200.00
7	box	Enalapril 5mg Tablet, 100's/box : as maleate SAPHRIN	110	636.50	P70,015.00
8	box	Metoprolol Tartate 50mg. Tablet, 100's/box METOCARA	250	131.00	P32,750.00
					₱435,345.00

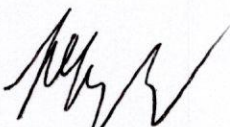
FOR THE USE OF NCD PROGRAM


(Total Amount in Words) **FOUR HUNDRED THIRTY FIVE THOUSAND THREE HUNDRED FORTY FIVE AND 00/100 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 every day of delay shall be imposed.

Very truly yours,
By Authority of the BAC:

APPROVED:


ATTY. PERCY G. SALAZAR
BAC Chairperson


HON. OSCAR S. MORENO
City Mayor