PURCHASE ORDER

Procuring Entity	: City Government of Cagayan de Oro	ABC	: PhP 960,000.00
End User Unit	: CITY HEALTH INSURANCE OFFICE	PPMP Code	: CHIO25-P012
Purchase Request (PR) Number	: **25-3693**	Quotation No.	: 3366-25
PR Date	: August 27, 2025	CRN	:
PR Received by CGSO	: October 30, 2025		

City Government of Cagayan de Oro

LGU

Supplier	: **CIRCLE M MERCHANDISE TRADING CORPORATION**	P.O. No.	**3661-25**
Address	: IPONAN, CAGAYAN DE ORO CITY	Date	DEC 23 2025
Contact No.	:	Mode of Procurement	NP - 53.9 Small Value Procurement
		PR No./s	: 25-3693

Gentlemen

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

Place of Delivery	: CITY HEALTH INSURANCE OFFICE via CGSO FOR INSPECTION	Delivery Term	: Thirty (30) Calendar Days
Date of Delivery	:	Payment Term	:

ITEM NO.	UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
1	box	Uric Acid Test Strips (compatible with available device) Uric Acid Test Strips, Box of 25's Compatible to available Device	350	1,600.00	560,000.00
2	box	Hemoglobin Test Strips (compatible with available device) Hemoglobin & Hematocrit Test Strips, Box of 25's Compatible to available Device x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x	200	1,999.00	399,800.00
(Total Amount in Words) **Nine Hundred Fifty-Nine Thousand Eight Hundred and 00/100 Pesos**				Total	**Php 959,800.00**

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 for every day of delay shall be imposed.

Conforme:

Very truly yours,

Signature over Printed Name of Supplier

ROLANDO A. UY

Signature over Printed Name of Authorized Official

Date

City Mayor

Designation

Note: This serves as Notice of Award and Contract once Conformed within Ten (10) Days, by the Supplier.