Purchase Request Number : 21-1294

Purchase Request Date : May 04, 2021

PPMP Code : CHIO21-TF042

page 1 of 1

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

PURCHASE ORDER

Dentiemen: 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 Date of Delivery: DESCRIPTION OUNIT DESCRIPTION Cont Mineral Drinking Water / 5 gallons/ container FOR CHIO CITY ISOLATION UNITS USE To tell Amount in Words) FIFTY SIX THOUSAND NINE HUNDRED TWENTY 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 for every day of delay shall be imposed. Very truly yours, By Authority of the BAC.				CHRIS SAM SURE WATER REFILLING STATION ZONE 2 CARMEN, CAGAYAN DE ORO CITY		P.O. No. Date Mode of Procurement	1958 NEGOTIATED 53.9 SMALL-VALUE OF THE 2016 RIRR OF RA 9184
Place of Delivery: CITY HEALTH INSURANCE OFFICE via CGSO for inspection Payment Term: TITEN NO. UNIT DESCRIPTION QTY. UNIT COST AMOUNT Cont Mineral Drinking Water / 5 gallons/ container ***x**x**x**x**x**x**x**x**x**x**x**x*							
Place of Delivery : CITY HEALTH INSURANCE OFFICE via CGSO for inspection Date of Delivery : Payment Term : Payment Term : Payment Term : TITEN NO. UNIT DESCRIPTION QTY. UNIT COST AMOUNT X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-		Ple	ase	furnish this office the following articles subject to the terms ar	nd conditions containe	ed herein:	
Date of Delivery: ITEN NO. UNIT DESCRIPTION QTY. UNIT COST AMOUNT Cont Mineral Drinking Water / 5 gallons/ container XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Pla	Place of Delivery		CITY LEALTH INSURANCE OFFICE			
TEN NO. UNIT DESCRIPTION QTY. UNIT COST AMOUNT CONT Mineral Drinking Water / 5 gallons/ container x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x				via CGSO for inspection			
Total Amount in Words) FIFTY SIX THOUSAND NINE HUNDRED TWENTY 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 for every day of delay shall be imposed. Very truly yours, APPROVED:	Date	of Delivery	:		Payment Terr	m :	
Total Amount in Words) FIFTY SIX THOUSAND NINE HUNDRED TWENTY 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 for every day of delay shall be imposed. Very truly yours, APPROVED:	ITE	N NO LU	NIT	DESCRIPTION			
FOR CHIO CITY ISOLATION UNITS USE (Total Amount in Words) FIFTY SIX THOUSAND NINE HUNDRED TWENTY 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 for every day of delay shall be imposed. Very truly yours, APPROVED:	110			Mineral Drinking Water / 5 gallons/ container	1500	37.95	P56,925.00
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. Very truly yours, APPROVED:							S ONLY
for every day of delay shall be imposed. Very truly yours, APPROVED:	(T	tal Amount	in V	Vords) FIFTY SIX THOUSAND NINE HUNDR	RED TWENTY FIVE A	ND 00/100 PESO	S ONLY
Very truly yours,	,	ln	cas	e of failure to make the full delivery within the time specified a	above, a penalty of or	ie-tenth (1/10) of c	me (1) percent
TEODORO A. SABUGA A. JR. BAC Chairperson Conforme: Signature over Printed Name of Supplier Date Date	fol	v -	ery ti	TEODORO A. SABUGA A, JR. BAC Chairperson Signature over Printed Name of Supplier Date		OSCAR 9-MORENO City Mayor	
Note: This serves as Notice of Award and Contract once Conformed within Ten (10) Days, by the Supplier.		Note:	This	serves as Notice of Award and Contract once Conformed	within Ten (10) Day	s, by the Supplie	er.