

PURCHASE ORDER

Procuring Entity : City Government of Cagayan de Oro
 End User Unit : CITY HEALTH INSURANCE OFFICE
 Purchase Request (PR) Number : 24-4847
 PR Date : October 29, 2024
 PR Received by CGSO : November 13, 2024

ABC : Php 975,000.00
 PPMP Code : CHIO24-BSB165
 Quotation No. : 3147-24
 CRN : 11492759



City Government of Cagayan de Oro

LGU

Supplier : CIRCLE M MERCHANDISE TRADING CORPORATION	P.O. No. : 3162-24
Address : IPONAN, CAGAYAN DE ORO CITY	Date : 10 DEC 2024
TIN : _____	Mode of Procurement : Small Value Procurement (Sec. 53.9)
	PR No./s : 24-4847

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	Omeprazole box of 100's	1000	300.00	300,000.00
2	box	Omeprazole 40mg, box of 100's	500	500.00	250,000.00
3	box	Ranitidine 150mg, box of 100's	500	250.00	125,000.00
4	box	Tranexamic Acid 500mg capsule, box of 100's	1000	300.00	300,000.00
		x-x-x-x-x-x-x-x-x-x-x			
(Total Amount in Words) Nine Hundred Seventy-Five Thousand and 00/100 Pesos					Total
					Php 975,000.00

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,

SHIELLA MAE C. CORALDE

Signature over Printed Name of Supplier

12-10-2024

Date

ROLANDO A. OY

Signature over Printed Name of Authorized Official

City Mayor

Designation

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