

PURCHASE ORDER

Procuring Entity : City Government of Cagayan de Oro
 End User Unit : CITY HEALTH INSURANCE OFFICE
 Purchase Request (PR) Number : 24-4835
 PR Date : October 29, 2024
 PR Received by CGSO : November 14, 2024

ABC : PhP 964,925.00
 PPMP Code : CHIO24-BSB153
 Quotation No. : 3141-24
 CRN : 11507182



City Government of Cagayan de Oro

LGU

Supplier	: CIRCLE M MERCHANDISE TRADING CORPORATION	P.O. No.	: 3160-24
Address	: IPONAN, CAGAYAN DE ORO CITY	Date	: 16 DEC 2024
TIN	:	Mode of Procurement	: Small Value Procurement (Sec. 53.9)
		PR No./s	: 24-4835
Gentlemen			
Please furnish this office the following articles subject to the terms and conditions contained herein:			
Place of Delivery	: CITY HEALTH INSURANCE VIA CGSO FOR INSPECTION	Delivery Term	: THIRTY (30) CALENDAR DAYS
Date of Delivery	:	Payment Term	:

ITEM NO.	UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
1	kit	HDL Cholesterol 204 test/kit (Compatible to Existing Machine)	10	25,110.00	251,100.00
2	kit	LDL Cholesterol 204 test/kit (Compatible to Existing Machine)	10	25,000.00	250,000.00
3	kit	Total Cholesterol 655 test/kit (Compatible to Existing Machine)	10	9,110.00	91,100.00
4	kit	Triglycerides 655 test/kit (Compatible to Existing Machine)	5	19,585.00	97,925.00
5	kit	Glucose 635 test/kit (Compatible to Existing Machine)	10	10,120.00	101,200.00
6	kit	CD80 Detergent 2L	2	10,000.00	20,000.00
7	kit	Cuvettes (Compatible to Existing Machine), PACK OF 1000'S	1	28,000.00	28,000.00
8	kit	Multi Sera Calibrator (Compatible to Existing Machine) 10X3ML	1	28,100.00	28,100.00
9	kit	Lipid Callibrator 5X1ML (Compatible to Existing Machine) 10X3ML	1	30,400.00	30,400.00
10	kit	CLINCHEM MULTI CONTROL 6X5ML LEVEL 1 (Compatible to Existing Machine)	1	30,600.00	30,600.00
11	kit	CLINCHEM MULTI CONTROL 6X5ML	1	36,499.00	36,499.00

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,

Cheryl Marie de Asis

 Signature over Printed Name of Supplier

ROLANDO A. UY

 Signature over Printed Name of Authorized Official

12-18-2024

 Date

City Mayor

 Designation

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

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	LEVEL 2 (Compatible to Existing Machine)					
	X-X-X-X-X-X-X-X-X-X-X-X					
(Total Amount in Words) Nine Hundred Sixty-Four Thousand Nine Hundred Twenty-Four and 00/100 Pesos					Total	Php 964,924.00

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Conforme:

Very truly yours,

ASIS. Cheryl Marie
 Signature over Printed Name of Supplier

ROLANDO A. UY
 Signature over Printed Name of Authorized Official

12-18-2024
 Date

City Mayor
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