

PURCHASE ORDER

Procuring Entity : City Government of Cagayan de Oro
 End User Unit : CITY HEALTH INSURANCE OFFICE
 Purchase Request (PR) Number : 24-4827
 PR Date : October 29, 2024
 PR Received by CGSO : November 15, 2024

ABC : PhP 975,600.00
 PPMP Code : CHIO24-BSB145
 Quotation No. : 3144-24
 CRN : 11501819



City Government of Cagayan de Oro

LGU

Supplier	: CIRCLE M MERCHANDISE TRADING CORPORATION	P.O. No.	3163-24
Address	: IPONAN, CAGAYAN DE ORO CITY	Date	13 DEC 2024
TIN	:	Mode of Procurement	Small Value Procurement (Sec. 53.9)
		PR No./s	: 24-4827

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	Cefuroxime 500mg tablet, Box of 10's	1000	199.95	199,950.00
2	box	Cetirizine (as dihydrochloride) 10mg tablet, Box of 100's	1000	250.00	250,000.00
3	box	Cetirizine (as dihydrochloride) 2.5 mg/mL, 10 mL Oral Drops Bottle	2880	70.00	201,600.00
4	box	Cetirizine (as dihydrochloride) 1mg/mL syrup, 60 mL	4320	75.00	324,000.00
		x-x-x-x-x-x-x-x-x-x			
(Total Amount in Words) Nine Hundred Seventy-Five Thousand Five Hundred Fifty and 00/100 Pesos				Total	Php 975,550.00

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,

SHELLA MAE C. CORALDE

ROLANDO A. UY

Signature over Printed Name of Supplier

Signature over Printed Name of Authorized Official

12-16-2024

City Mayor

Date

Designation

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