



PURCHASE ORDER

Tabaco City

LGU

Supplier	MGM MEDICAL SUPPLIES & GENERAL MERCHANDISE	P.O. No.:	24-12-1746
Address	P-3, Baranghawon, Tabaco City	Date:	12 DEC 2024
		Mode of Procurement	Shopping (b)
		PR No./s	24-11-1789

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

Place of Delivery:	LGU-TABACO	CITY HEALTH UNIT (CHU)	Delivery Term:	15 cd	
Date of Delivery				Payment Term: 3 Weeks	
Project Name	Supply & Delivery of Drugs and Medicines for Medical Consultation				
			Unit Cost	Amount (Php)	
Item No.	Qty	Unit	DESCRIPTION		
1	8	box	Cotrimoxazole (Sulfamethazole + Trimethoprim) 800 + 160mg tablet, 100/box (KATHREX)		
2	22	bottle	Erythromycin 200mg/5ml Susp. 60ml (MONPHEVIN)		
3	35	bottle	Diphenhydramine 12.5mg/5ml, 60ml Syrup (HISTAZYN)		
4	103	box	Isoniazid + Rifampicin 75mg + 150mg tablet, 80/box (FLAMAWAY-2)		
5	55	bottle	Pyrazinamide 250mg/5ml, 120ml Oral Suspension (ZYNAPHAR)		
6	146	bottle	Rifampicin 200mg/5ml, 120ml Oral Suspension (PICINAF)		
7	8	box	Olanzapine 10mg Orodispersable tablet, 100/box (EXZAPINE)		
8	30	box	Lithium Carbonate 450mg MR tablet, 100/box (LITCAB)		
9	325	tablet	Resperidone 2mg tablet, 100/box (RISPESAPH-2)		
10	5	box	Chlorpromazine 100mg tablet, 100/box (GLOBAZINE-100)		
11	10	vial	Tuberculin Purified Protein Derivative (PPD) 5 TU/0.1ml Powder for Injection Vial + 2ml Diluent Ampule		
*****nothing-follows*****					
				Total	231,760.00

Two Hundred Thirty-One Thousand, Seven Hundred Sixty Pesos

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be impose.

CONFORME: _____ Very Truly yours, _____

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CIELO KRISSEL BURCE LAGMAN
 City Mayor

(Date) | 12-13-2024

(In case of Negotiated Purchase pursuant to section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sangguniang Resolution No.: _____ Date: _____

Certified Correct: _____
Secretary of the Sanggunian