



PURCHASE ORDER

Procuring Department: **BLOM** Supplier: **GREAT R. ENTERPRISES** P.O.: **100206** No. **0625**

Address: **Tanauan City, Batangas** Date: **June 25, 2020**

E-mail Address: _____ Telephone No.: **043-778-5876** Mode of Procurement: **Shopping**

TIN: _____ : **187-419-181-000**

Gentlemen: _____

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

Place of Delivery: **BLOM** Delivery Term: **w/ in 7 calendar days upon receipt of NTP**

Payment Term: **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	amp	Neostigmine methylsulfate 0.5mg/ml ampoule	100	293.04	29,304.00
2	amp	Bupivacaine HCl 5ml/ml ampoule	318	815.98	259,481.64
3	amp	Carboprost trometamol 125mcg/0.5ml ampoule	50	381.15	19,057.50
4	amp	Carboprost trometamol 250mcg/0.5ml ampoule	50	742.50	37,125.00
5	vis	Rocuronium bromide 10mg/ml, 5ml	30	777.15	23,314.50
6	vis	Isoflurane 100% soln.	22	2,623.50	57,717.00
7	pcs	N95 mask	150	160.00	24,000.00
					449,999.64

For use of Botika ng Lalawigan ng Oriental Mindoro

TOTAL AMOUNT IN WORDS: four hundred forty nine thousand nine hundred ninety nine pesos and 64/100 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 everyday of delay shall be imposed.

Very truly yours,
HOBERT A. DOLOR, MD, MPA, MHA
 Provincial Administrator

HUMERLITO A. DOLOR MPA, PH.D.
 Provincial Governor

Conforms:

JARYLENE B. PARINGIT

Signature Over Printed Name of Supplier
 Date: **6/26/20**

Funds Available:

ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: **4999D 09 2020**

AMOUNT

₱ 449,999.64