Supplier	ess: MARAWI CITY  Date  Terms of  No.: 053-16  Mode of F		hase Order No.	. 16-005
Address				. 17-Feb-16
Tel./Fax			ns of Payment	C.O.D.
RIV No.			e of Procurement	: Local Shopping
Date			or recourement	· · · · · · · · · · · · · · · · · · ·
Please de	liver to this	Office within seven(7) working days from receipt hereof the following	<b>j</b> :	
QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
140	TAB	ALAXAN (Ibuprofen + Paracetamol)	/ 6.50	/ 910.00
306	TAB	ASCOF, Lagundi cap., 600mg	5.50	1,683.00
/ 4	BTL	Betadine Solution 60ml	118.00	472.00
269)	TAB	BUTAMIRATE CITRATE, Sinecod	18.50	1,461.50
2	PCS	Elastic Bandage, 4x5	55.00	110.00
(65)	PCS	HYDROXYZINE Iterax, 25mg	26.50	1,722.50
/328	TAB	IBUPROFEN, Advil, 500mg	9.00	2,952.00
150	PCS	KREMIL-S tab	5.50	825.00
/ 40	TAB	LOPERAMIDE 2mg	4.00	160.00
(40 ×	TAB	LORATADINE, Claritin, 10mg	36.00	1,440.00
(138)	PCS	MEFENAMIC ACID, Dolfenal, 500mg	25.50	3,315.00
(52)	PCS	METOPROLOL, Neobloc OR Atenolol, 50mg	4.25	221.00
80	PCS	METRONIDAZOLE, 500 MG	6.00	480.00
4900	PCS	PARACETAMOL, Biogesic, 500mg	3.50	1,715.00
470	PCS	PLASTER, Hypoallergenic	24.00	216.00
	1 05	XXXXXXXXXNOTHING FOLLOWS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
		LEARED	, 1	
		VIALLULIAN AND		
	<b>*</b>			c
		7:47		
		16-02-002		
		PAID 5 0071		
	•	TOTAL		17,683.00
Condition				
1. The Age	ency shall in	mpose penalty in an amount equivalent to 1/10 of one (1) percent of	of the total value of u	indelivered order
		delay as liquidated damages; triplicate copies including the original;		
		eceipt of the Purchase Order by the supplier is not indicated, it sha	all he deemed recei	ved on the 10th
working	day from th	e date of the approval of the Purchase Order; and	50 00011100 10001	
		, IMPORTATION DOCUMENTS specifically showing the condition	n, serial numbers of	the equipment
purchas	ed, and tax	receipts, should be submitted by the supplier.		
				*
Funds avai	lable in the	amount of: P 17,683.00 Very truly y	ours,	,
			Formas	induch
	SORAYAH	M. SHARJEF-TABAQ ANE TALLE	ALLANODEN A. MA	ACARIMBANG
	And the state of t	L CONTROLLER III	hief, Management S	Services Division
	* 5			
(		Approved:		U
PRU-ARMN RECEIVED	Comptrollership	Atty. KHALIQUZZAMAN M. MACABATO, CPA. CS	SEE	
Date/time:	2 17 20	Regional Vice-President		

Conform:

Received this P.O. Copy on: \_\_\_\_ by: \_\_\_