

**PROCUREMENT OF
DIAGNOSTIC AND
MEDICAL SUPPLIES,
DRUGS AND
MEDICINES FOR
COVID-19 PANDEMIC**

PURCHASE ORDER
Naga, Zamboanga Sibugay
LGU

Supplier: **NEW AÑOS TAILORING** P.O. No. : _____
Address: Ipil, Zamboanga Sibugay Date : _____

Gentlemen/Madam: LGU - Naga, Zamboanga Sibugay
Date of Delivery : MAY 18, 2020

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	7,000	PCS.	FACEMASK WASHABLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	16.00	108,750.00

Total Amount in Words: **ONE HUNDRED EIGHT THOUSAND SEVEN HUNDRED FIFTY PESOS ONLY** **108,750.00**

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

Very truly yours,

RINO O. DELOS REYES
Municipal Mayor

Conforme:


NEW AÑOS TAILORING/RICO GACO AÑOS
(Signature and Printed Name)

Date

PURCHASE ORDER
Naga, Zamboanga Sibugay
LGU

Supplier: NEW AÑOS TAILORING P.O. No. : _____
Address: Ipil, Zamboanga Sibugay Date : _____


Gentlemen/Madam: LGU - Naga, Zamboanga Sibugay
Date of Delivery : MAY 18, 2020

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Very truly yours ,


RINO O. DELOS REYES
Municipal Mayor

Conforme:


NEW AÑOS TAILORING/RICO GACO AÑOS
(Signature and Printed Name)

Date

PURCHASE ORDER
Naga, Zamboanga Sibugay
LGU

Supplier: **BOTICA JILL** P.O. No. : _____
Address: Ipil, Zamboanga Sibugay Date : _____

Gentlemen/Madam: LGU - Naga, Zamboanga Sibugay
Date of Delivery :

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	180	BOX	MULTIVITAMINS CAPSULE	83.00	14,940.00
2	45	BOX	LAGUNDI TABLET	141.00	6,345.00
3	30	BOX	PARACETAMOL 500MG TABLET	68.00	2,040.00
4	63	BOX	CEFALEXIN 500MG TABLET	412.00	25,956.00
5	18	BOX	LOPERAMIDE 2MG CAPSULE	60.00	1,080.00
6	400	BOT	MULTIVITAMINS SYRUP	22.00	8,800.00
7	100	BOT	LAGUNDI SYRUP	39.00	3,900.00
8	100	BOT	PARACETAMOL 250MG TABLET	30.00	3,000.00
9	200	BOT	CEFALEXIN 250MG TABLET	43.00	8,600.00
10	200	BOT	ASCORBIC ACID DROPS	14.00	2,800.00
11	50	BOT	CARBOCISTEINE DROPS	18.00	900.00
12	50	BOT	PARACETAMOL 100MG DROPS	33.00	1,650.00
13	100	BOT	CEFALEXIN DROPS	17.00	1,700.00
14	100	NEB	SALBUTAMOL NEBULE	15.00	1,500.00
15	100	BOT	SALBUTAMOL SYRUP	18.00	1,800.00
16	200	BOT	FERROUS SULFATE DROPS	20.00	4,000.00
17	20	BOT	D5LR 1L	90.00	1,800.00
18	20	BOX	ASCORBIC ACID 500MG TABLET	105.00	2,100.00

Total Amount in Words: NINETY TWO THOUSAND NINE HUNDRED ELEVEN **92,911.00**

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

Very truly yours ,

RINO O. DELOS REYES
Municipal Mayor

Conforme:

[Signature]
ROSALITA U. SIMONIT

BOTICA JILL

(Signature over printed Name)

4-23-2020

Date



PURCHASE ORDER

Naga, Zamboanga Sibugay
LGU

Supplier: **BOTICA JILL AND CONVENIENCE STORE**

P.O. No. _____

Date: _____

May 21, 2020

Address: Ipil, Zamboanga Sibugay

Gentlemen:

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

Place of delivery: LGU-Naga, ZSP

Delivery Terms: _____

Date of delivery: May 21, 2020

Payment Terms: _____

Item No.	Unit	Qty.	Description	Unit Cost	Amount
1	box	50	Metformin 500mg	98.00	4,900.00
2	box	20	Loperamide	66.00	1,320.00
3	box	6	Lagundi 600mg	257.00	1,542.00
4	box	31	Amlodipine 10mg	80.00	2,480.00
5	box	5	Metoprolol 100mg	195.00	975.00
6	box	50	Paracetamol 500mg	76.00	3,800.00
7	box	20	Lagundi 300mg	156.00	3,120.00
8	box	4	Methyldopa 250mg	878.00	3,512.00
9	box	30	Foralivit	251.00	7,530.00
10	bottl.	110	Zinc Syrup	38.00	4,180.00
11	bottl.	100	Zinc Drops	31.00	3,100.00
12	bottl.	100	Multivitamins	25.00	2,500.00
13	box	50	Cefuroxime 500mg	320.00	16,000.00
14	bottl.	50	Cefuroxime 250mg	218.00	10,900.00
15	bottl.	100	Amoxicillin Drops	26.00	2,600.00
16	bottl.	110	Ladundi 300mg/120ml	99.00	10,890.00
17	pc.	100	Hydrite	18.00	1,800.00

Total amount in words

Eighty-One Thousand and One Hundred Forty-Nine Pesos

81,149.00

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

Very truly yours,

HON. RINO O. DELOS REYES
Municipal Mayor

Conformed:

Earl N. Funda
EARL N. FUNDA

BOTICA JILL AND CONVENIENCE STORE

(Signature over printed name)

PURCHASED ORDER

Naga, Zamboanga Sibugay
LGU

Supplier: PATHFINDER PHARMACY & DISTRIBUTOR
Address: KAB. ZAMBOANGA SIBUGAY

P.O NO. : _____
Date: _____

Gentlemen/Madam: LGU- Naga, Zamboanga Sibugay
Date of Delivery:

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	1	SET	SPHYGMANOMETER(NON-MERCURIAL)	2,500.00	2,500.00
2	3	UNIT	NEBULIZER MACHINE	1,800.00	5,400.00
3	2	UNIT	SPHYGMANOMETER (DIGITAL) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3,000.00	6,000.00

Total Amount in Words	THIRTEEN THOUSAND NINE HUNDRED PESOS ONLY	13,900.00
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In case of failure to make the full delivery within the time specific above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly your's,

RINO O. DELOS REYES
Municipal Mayor

Conforme:


PATHFINDER PHARMACY & DISTRIBUTOR
(Signature over Printed Name)

Date

PURCHASED ORDER

Naga, Zamboanga Sibugay

LGU

Supplier: PATHFINDER PHARMACY & DISTRIBUTOR

P.O NO. : _____

Address: KAB. ZAMBOANGA SIBUGAY

Date: _____

Gentlemen/Madam: LGU- Naga, Zamboanga Sibugay

Date of Delivery: _____

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	10	PC	OXYGEN CANNULA NASAL ADULT	48.00	480.00
2	10	PC	OXYGEN CANNULA NASAL PEIDA	48.00	480.00
3	3	GAL	LYSOL DISINFECTANT	2,500.00	7,500.00
4	1	ROLL	COTTON	265.00	265.00
5	1	BOX	MICROSCOPE 1 INCH	650.00	650.00
6	3	PC	TORNIQUET	85.00	255.00
7	20	PC	NEB KIT	65.00	1,300.00
Total Amount in Words			TEN THOUSAND NINE HUNDRED THIRTY PESOS ONLY		10,930.00

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

Very truly your's,

RINO O. DELOS REYES

Municipal Mayor

Conforme:


PATHFINDER PHARMACY & DISTRIBUTOR

(Signature over Printed Name)

Date

PURCHASED ORDER

Naga, Zamboanga Sibugay
LGU

Supplier: KABASALAN GENERAL HOSPITAL

P.O NO. : _____

Address: KAB, ZAMBOANGA SIBUGAY

Date: _____

Gentlemen/Madam: LGU- Naga, Zamboanga Sibugay

Date of Delivery: _____

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	170	PC	DISPOSABLE HEAD CAP XXXXXXXXXXXXXXXXXXXXXXXXXXXX	7.00	1,190.00
Total Amount in Words			ONE THOUSAND ONE HUNDRED NINETY PESOS ONLY.		1,190.00

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

Very truly your's,

RINO O. DELOS REYES

Municipal Mayor

Conforme:

KABASALAN GENERAL HOSPITAL

(Signature over Printed Name)

JAMILA S. USMAN 06-10-2020

Date

PURCHASED ORDER

Naga, Zamboanga Sibugay
LGU

Supplier: GOLDYLAB ENTERPRISES
Address: IPIL, ZAMBOANGA SIBUGAY

P.O NO. : _____
Date: _____

Gentlemen/Madam: LGU- Naga, Zamboanga Sibugay
Date of Delivery: _____

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	320	BOX	RADIP DIAGNOSTIC KITS FOR COVID-19 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	875.00	280,000.00
Total Amount in Words			TWO HUNDRED EIGHTY THOUSAND PESOS ONLY		280,000.00

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

Very truly your's,

RINO O. DELOS REYES
Municipal Mayor

Conforme:


GOLDYLAB ENTERPRISES
(Signature over Printed Name)

Date

PURCHASED ORDER

Naga, Zamboanga Sibugay
LGU

Supplier: BOTICA JILL

P.O NO. : _____

Address: IPIIL, ZAMBOANGA SIBUGAY

Date: _____

Gentlemen/Madam: LGU- Naga, Zamboanga Sibugay

Date of Delivery: _____

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	30	BOX	PARACETAMOL 500MG TAB	68.00	2,040.00
2	100	BOT	PARACETAMOL 250MG SUSP	25.00	2,500.00
3	20	BOX	DICYCLOVERINE TAB	68.00	1,360.00
4	50	BOT	DICYCLOVERINE SYR	23.50	1,175.00
5	18	BOX	LOPERAMIDE CAP	57.00	1,026.00
6	50	SACHET	HYDRITE XXXXXXXXXXXXXXXXXXXXXXXXXXXX	18.00	900.00
Total Amount in Words			NINE THOUSAND ONE PESOS ONLY		9,001.00

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

Very truly your's,

RINO O. DELOS REYES

Municipal Mayor

Conforme:

Earl D. Funder
Earl D. Funder

BOTICA JILL AND CONVENIENCE STORE

(Signature over Printed Name)

Date

PURCHASED ORDER

Naga, Zamboanga Sibugay

LGU

Supplier: BOTICA JILL

P.O NO. : _____

Address: IPIL, ZAMBOANGA SIBUGAY

Date: _____

Gentlemen/Madam: LGU- Naga, Zamboanga Sibugay

Date of Delivery: _____

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	1050	PC	ASCORBIC ACID 500MG XXXXXXXXXXXXXXXXXXXXXXXXXXXX	4.71	4,945.50
Total Amount in Words			FOUR THOUSAND NINE HUNDRED FORTY FIVE PESOS &50/100		4,945.50

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

Very truly your's,

RINO O. DE LOS REYES

Municipal Mayor

Conforme:

Earl N. Funder
Earl N. Funder

BOTICA JILL AND CONVENIENCE STORE

(Signature over Printed Name)

Date

PURCHASED ORDER

Naga, Zamboanga Sibugay

LGU

Supplier: ALIYACYAC TAILORING
Address: IPIL, ZAMBOANGA SIBUGAY

P.O NO. : _____
Date: _____

Gentlemen/Madam: LGU- Naga, Zamboanga Sibugay
Date of Delivery:


Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	125	PC	WASHABLE SUIT (ECO-BAG) XXXXXXXXXXXXXXXXXXXXXXXXXXXX	306.21	38,276.25
Total Amount in Words			THIRTY EIGHT THOUSAND TWO HUNDRED SEVENTY SIX PESOS & 25/100 ONLY.		38,276.25

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

Very truly your's,

RINO O. DELOS REYES
Municipal Mayor

Conforme:


ALIYACYAC TAILORING
(Signature over Printed Name)

Date

PURCHASE ORDER
Naga, Zamboanga Sibugay
LGU

Supplier: NEW AÑOS TAILORING P.O. No. : _____
Address: Ipil, Zamboanga Sibugay Date : _____


Gentlemen/Madam: LGU - Naga, Zamboanga Sibugay
Date of Delivery : MAY 18, 2020

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	7,000	PCS.	FACEMASK WASHABLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	16.00	108,750.00

Total Amount in Words: **ONE HUNDRED EIGHT THOUSAND SEVEN HUNDRED FIFTY PESOS ONLY** **108,750.00**

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

Very truly yours ,


RINO O. DELOS REYES
Municipal Mayor

Conforme:


NEW AÑOS TAILORING/RICO GACO AÑOS
(Signature and Printed Name)

Date

PURCHASE ORDER
Naga, Zamboanga Sibugay
LGU

Supplier: R. TAYAG DRUGSTORE AND GEN. MERCHANDISE P.O. No. : _____
Address: Tungawan, Zamboanga Sibugay Date : _____

Gentlemen/Madam: LGU - Naga, Zamboanga Sibugay
Date of Delivery : May 8, 2020

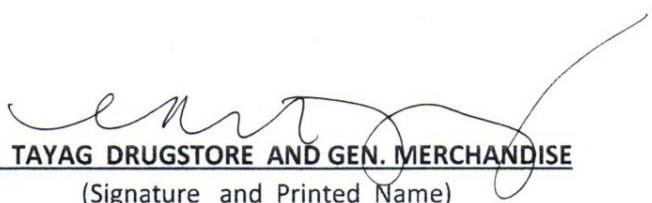
Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	30	PCS.	THERMAL SCANNER	4,500.00	135,000.00
2	8	BOXES	DISPOSABLE MASK XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1300.00	10,400.00
Total Amount in Words:				ONE HUNDRED FORTY FIVE THOUSAND FOUR HUNDRED PESOS ONLY	145,400.00

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

Very truly yours ,

RINO O. DELOS REYES
Municipal Mayor

Conforme:


R. TAYAG DRUGSTORE AND GEN. MERCHANDISE
(Signature and Printed Name)

Date