

**PURCHASE ORDER****Municipality of Floridablanca****LGU**Supplier : **BIOMEDICO TRADING**Address: Sindalan City of San FernandoP.O. No.: 19-01-107Date: 1-28-19Mode of Procurement: ShoppingPR No./s: 19-01-108

Gentlemen:

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

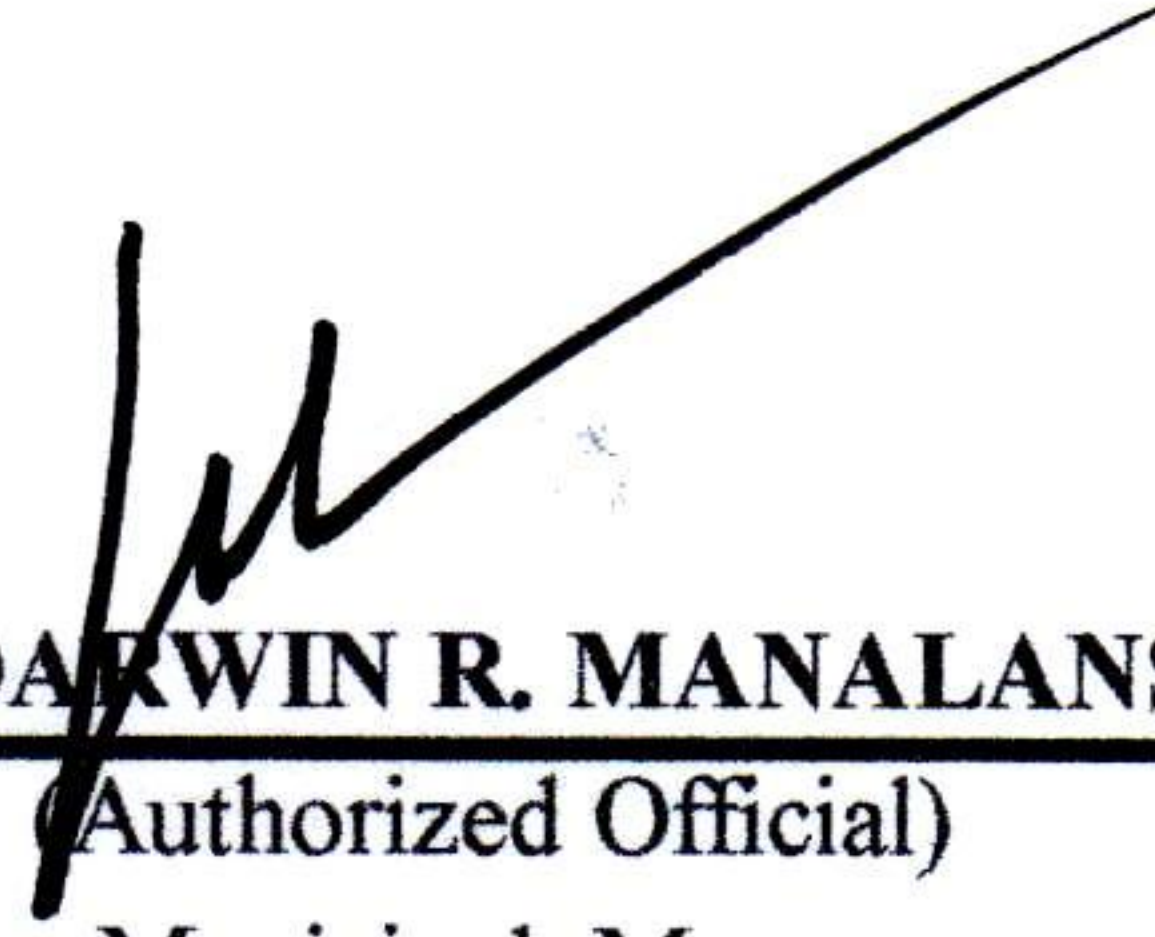
Place of Delivery: RHU 1Date of Delivery: 1-28-19Delivery Term: upon requestPayment Term: check

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	btl	240	Amoxicillin 100mg/ml drops	28.00	6,720.00
2	btl	240	Amoxicillin 1250mg suspension	29.00	6,960.00
3	bx	24	Amoxicillin 500mg capsule	310.00	7,440.00
4	bx	30	Bromhexine 8mg tab	85.00	2,550.00
5	bx	30	Chlorpheniramine maleate 4mg tab	110.00	3,300.00
6	bx	36	Cotrimoxazole 80/400mg tab	250.00	9,000.00
7	bx	18	Dicycloverine 10mg tab	135.00	2,430.00
8	bx	12	Loperamide 2mg cap	125.00	1,500.00
9	btl	240	Multivitamins 60ml syrup	28.00	6,720.00
10	bx	60	Multivitamins 500mg capsule	156.00	9,360.00
11	bx	24	Antacid 200mg tab	130.00	3,120.00
12	bx	24	Mefenamic 500mg capsule	190.00	4,560.00
13	btl	240	Paracetamol 100mg/ml drops	26.00	6,240.00
14	bx	240	Paracetamol 250mg/60ml syrup	28.00	6,720.00
15	bx	36	Paracetamol 500mg tab	55.00	1,980.00
16	btl	12	Alcohol 70% 500ml	73.00	876.00
17	bx	240	Decongestant drops	26.00	6,240.00
18	btl	240	Decongestant 60ml syrup	25.00	6,000.00
19	bx	24	Symdex 12.5 mg tab	332.00	7,968.00
Ninety nine thousand six hundred eighty four pesos only.					99,684.00


BIOMEDICO TRADING
(Signature over printed name)

1-28-19
(Dated)

Very truly yours,


HON. DARWIN R. MANALANSAN
(Authorized Official)
Municipal Mayor

(Incase of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.: _____

Certified Correct: _____

Secretary to the Sanggunian

Date: _____