

PURCHASE ORDER

Matti, Digos City

Supplier : Address :		LIGHT HORIZON MEDICAL SUPPLIES Door 1, NUD Bldg., Ponciano St., Davao City Date :		G-192A-23CB			
					NOV 0 7 2023		
Email/Tel# :		lighthorizon21@yahoo.com / (082) 244- 7828/09093466912/09108863245	Mode of Procurement :		Competitive Bidding		
T.I.N:		1020/0000100012/00100000270	End-User :		PDRRMO		
PR. No./Date		1312-CB-23 09/19/2023					
Gentler	nen :						
Please furnish this office the following articles subject to the terms and conditions contained herein: Place of Delivery: PGSO Warehouse Delivery Term: FOB Destination							
Date of Delivery			Payment Term :		Credit Basis		
Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost	
7	box	Loperamide 2mg capsule, 100's	HARVIMIDE/DATAB/	500	80.00	40,000.00	
8	box	Losartan 100mg tab, 100's	LOPERAMED LOSAAR 100/NATRASOL/SA PHLOR-100	500	232.00	116,000.00	
Reminde		Prepositioned of medicines for PDRRMO disaster & emergency operation. 5% Prov'l. Disaster & Risk Reduction Mgt. Fund (CF) 70% of MOOE - Preparedness & Mitigation Fund Drug & Medicine Expenses 5-02-03-070 The Supplier shall notify the PGSO a day before the actual delivery. ***********************************				156,000.00	
Total Am words:	iount in	One Hundred Fifty Six Thousand Pesos			TOTAL	156,000.00	
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for everyday of delay shall be imposed.							
Genno B. Mozol / 11-14-23 Very truly yours							
Conforme	Conforma LIGHT HODIZON MEDICAL SLIPPLIES VICANNE POÑA CAGAS						

Signature over Printed Name / Date

Date CAFOA No.

9451-11-27-601

Funds Available

PEDH-PORRMO

As per l