Purchase Request Number :

Purchase Request Date : September 7, 2021

PPMP Code : CHIO21-TF138

Republic of the Philippines City Government of Cagayan de Oro BIDS AND AWARDS COMMITTEE (BAC) - GOODS City Hall, Cagayan de Oro City

PURCHASE ORDER

						page 1 of 1		
Sup	er		TAILOR MADE BY OLIVE			P.O. No.	2465	
uppler .dd ess -mail Address			#27 Diwata St. Capistrano Complex Gusa Cagayan	de Oror City		Date 017 27 2021		
-ma	Addre	ess :					NEGOTIATED	
	none N		09060328000				(53.9) SMALL- VALUE OF THE	
IN							2016 RIRR OF RA	
							9184	
	Gentle	men:						
Ш		Please	furnish this office the following articles subject to the	terms and cond	itions containe	d herein:		
² lao	of De	elivery	: CITY HEALTH INSURANCE OFFICE		Delivery Term	: SEVEN (7) C	CALENDAR DAYS	
Ш			via CGSO for inspection					
ate	of Deli	very			Payment Term	:		
	NO	UNIT	DESCRIPTION		QTY.	UNIT COST	AMOUNT	
<u> </u>	NO.	kit	Personnel protective Equipment (Re-Usable Cover	CUSTOM MAD		595.00	P119,000.00	
		KIL	all) XXL: (1) washable cover all gown (medical					
			grade) (1) washable surgical cap (1) washable					
			PPE bag					
	2	kit	Personnel protective Equipment Isolation Gown:	CUSTOM MAD	E 500	295.00	P147,500.00	
			Isolation gown kit disposable) XXXI (1) disposable					
Ш			surgical isolation gown (medical grade) (1) pair					
- 11			shoe cover (1) surgical cap Disposable Apron, Medical Grade: size: Adult	CUSTOM MAD	E 1500	128.00	P192,000.00	
Ш	В	pcs	28x48 inches	OOOTOM MAS	- 1000		₱458,500.00	
Ш			x-x-x-x-x-x-x-x-x					
			T : La constantina equipment Health					
			To provide personnel protective equipment, Health Centers, Hospital, CIU's, TTMF, Testing and Holding Center and Vaccination areas in our part of COVID-19 response.					
ᅦ						1		
Tot	al Amo	unt in V						
fore	very d		e of failure to make the full delivery within the time spelay shall be imposed.	pecified above, a	penalty of one	-tenth (1/10) of on	e (1) percent	
		Very t	ruly yours,		APPROV	/ED:		
Ш			By Authority of the BAC:					
Ш							d	
Ш						U 7		
Ш			TEODORO A. SABUGA A, JR.			HON. OSCAR S	MORENO	
Ш			BAC Chairperson			City May	yor	
Ш								
Ш		Confo	orme: CON					
Ш			laum Codea					
			Journ Santan	_				
- 11			Signature over Printed Name of Supplier					
			11/4121					
		-	Date	_				
	Note	: This	serves as Notice of Award and Contract once Con	nformed within	Ten (10) Days,	by the Supplier.		
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