PURCHASE ORDER

ORMOC CITY

ADMIN-BAC Form
Rev. 2, Jan. 1, 2024

Reference # : *245724*

Supplier	**MEJIA CLINICAL LABORATORY DRUG TESTING CENTER**	P.O. # :	***240335***
Address	OCMS Bldg. Aunubing St(s), Brgy. Cogon, Ormoc City	Date :	APR 0 5 2024
Tel. #	561-8235	Mode of Procurement :	**NEGOTIATED - SVP**
T.I.N.	943-237-552-000	P.R. # :	*240859*

Gentlemen :

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

Place of Delivery : ***CITY MAYOR'S OFFICE*** Delivery Term ***300 CALENDAR DAYS***

Contract Name : ***DRUG TEST SERVICES FOR THE CITY MAYOR'S OFFICE***

Date of Delivery : __/__/____ Payment Term

Item No.	Qty	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
*				*Balance Forwarded >>>*	
1	4,590.	pc	Services, Drug Test FOR LGU EMPLOYEE DRUG TEST CY 2024 -x-x-x-x-x-NOTHING FOLLOWS-x-x-x-x-x-	200.00	918,000.00
Nine Hundred Eighteen Thousand Pesos Only				**TOTAL (Cost as Calculated)>>>**	**918,000.00**
				As READ >>>	**918,000.00**

When the Supplier fails to satisfactory deliver any or all of the Goods and/or perform the Services within the specified delivery schedule, inclusive of duly, inclusive of duly granted time extensions, if any, the supplier shall be liable for damages for the delay and shall pay liquidated damages, not by way of penalty, an amount equal to one tenth (1/10) of one percent (1%) of the cost of the delayed goods scheduled for delivery for every day of delay **until such goods are finally delivered and accepted**. In case the total sum of liquidated damages reaches ten percent (10%) of the total contract price, the Procuring Entity concerned may rescind the contract and impose appropriate sanctions over and above the liquidated damages to be paid. (GPPB Res. No. 02-2020)

Very truly yours,

Conforme:

Romeo Papellero

MEJIA CLINICAL LABORATORY DRUG TESTING CENTER

(Signature over printed name)

(Date) April 11, 2024

LUCY TORRES GOMEZ

City Mayor

(Authorized Official)

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

Approved per Sangguniang Resolution No.:

Certified Correct: _____ Date: _____

Secretary to the Sanggunain

CONTROL # 2024- _____ -240335