

MUNICIPALITY OF CAPAS

LGU

Supplier : GREGMAN'S GEN. MDSE.	P.O. No. : <u>23-03-068</u>
Address : <u>Tarlac City</u>	Date : <u>04-11-23</u>
	Mode of Procurement : <u>SVP</u>
	PR No./s : <u>00-23-03-064A</u>

Gentlemen:

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

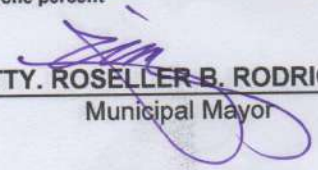
Place of Delivery : <u>Mun. of Capas</u>	Delivery Term : <u>1 week</u>
Date of Delivery : <u>04-14-2023</u>	Payment Term : <u>1 week</u>

Unit	Quantity	Description	Unit Cost	Amount
pcs.	30	Wheelchair(adult)	3,950.00	118,500.00
"	3	Wheelchair(Pedia)	5,250.00	15,750.00
"	30	nebulizer	1,000.00	30,000.00
"	20	singlecane	600.00	12,000.00
"	15	quadcane	630.00	9,450.00
"	5	walker	2,520.00	12,600.00

Total Amount in words. One Hundred Ninety Eight Thousand Three Hundred Pesos Only. **198,300.00**

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

Very truly yours,


ATTY. ROSELLER B. RODRIGUEZ
 Municipal Mayor

Conforme


GREGMAN'S GEN. MDSE.

(Signature over Printed Name)
 (In case negotiated Purchase pursuant to section 369(a) of RA 7160, this portion must be accomplished)

Approved per Sanggunian Resolution No.: _____ Date: _____
 Certified Correct : _____ Secretary to the Sanggunian