

Approved per Sanggunian Resolution No.: ____

Certified Correct: __

Republic of the Philippines

THE CONTRACTOR	M/+/				
				21 -09	-HOOGEA
Address: Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City Dat				: August 12, 2021	
nish this office	the following articles subject to the te	rms and conditions	contained here	in:	
PGSO	are remarking disclose outspace to the ter	Company of the State of the Sta		March and a second	
seven (7)	days after receipt of P.O.	Payment Term			
Quantity	Description		Unit Cost	A	Lmount
20	DOUNNOISE STATE OF ANN	THE WALL			287,000.00
,	Two Hundred Eighty Seven Thous	and Pesos 00/100		Phn	287,000.00
of delay shall be	Pharmaceutical Distributor ature over printed Name 8 13 - 2.1 (Date)	Very truly yours,	RODOL	(1/10) of o	SANO III
	ish this office PGSO seven (7) Quantity 20 Signature to make of delay shall be	PURCHASE Of armaceutical Distributor 19, Villa Christine Royalle, San Miguel, Pasig Cit. Aish this office the following articles subject to the terpeson seven (7) days after receipt of P.O. Quantity Description 20 Stetoscope, adult Two Hundred Eighty Seven Thouse all lure to make the full delivery within the time specifor delay shall be imposed. Two Hundred Name 13-2.1 (Date)	PURCHASE ORDER armaceutical Distributor 19, Villa Christine Royalle, San Miguel, Pasig City iish this office the following articles subject to the terms and conditions of seven (7) days after receipt of P.O. Payment Term Quantity Description 20 Stetoscope, adult Two Hundred Eighty Seven Thousand Pesos 00/100 iil lure to make the full delivery within the time specified above, a penalt of delay shall be imposed. Very truly yours, Signature over printed Name 19-2-1	amaceutical Distributor 19, Villa Christine Royalle, San Miguel, Pasig City P.O. No.: Date: Date: Ish this office the following articles subject to the terms and conditions contained here PGSO Seven (7) days after receipt of P.O. Payment Term: Quantity Description Unit Cost 14,350.00 Two Hundred Eighty Seven Thousand Pesos 00/100 Isl lure to make the full delivery within the time specified above, a penalty of one-tenth of delay shall be imposed. Very truly yours, Frovin Signature over printed Name P.O. No.: Date: Pon. No.: Date: Pon. No.: Date: Payment Term: Pon. No.: Date: Payment Term: Pon. No.: Pon. No.: Date: Pon. No.: Pon. No.: Payment Term: Pon. No.: Payment Term: Pon. No.: Payment Term: Pon. No.: Pon. No.: Payment Term: Pon. No.: Payment Term: Pon. No.: Payment Term: Pon. No. Payment Term: Pon. Pa	PURCHASE ORDER armaceutical Distributor 19, Villa Christine Royalle, San Miguel, Pasig City Date: Avous uish this office the following articles subject to the terms and conditions contained herein: PCSO Delivery Term: Charge seven (7) days after receipt of P.O. Payment Term: Check Quantity Description Uait Cost A Stetoscope, adult Two Hundred Eighty Seven Thousand Pesos 00/100 By Ann South Server over printed Name Try truly yours, RODOLFO T. ALE Provincial Govern Signature over printed Name Typ - 2.1 (Date)

Date: _