

PURCHASE ORDER

Supplier : ISAIAH 8:15 ENTERPRISES
 Address : Cauayan City, Isabela

P.O. No. : 21-04-0079
 Date : 4-20-21

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

Place of Delivery : _____ Delivery Term : _____
 Date of Delivery : _____ Payment Term : _____

ITEM NO.	UNIT	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
1	KITS	480	Covid 19 Rapid Test Antigen Diagnostic Kits w/ buffer and swab kit ***** nothing follows *****	1,255.31	602,548.80



(Total Amount in Words) Six Hundred Two Thousand Five Hundred Forty-eight Pesos And 80/100 Only. **602,548.80**

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

Conforme : [Signature]
ISAIAH 8:15 ENTERPRISES
 (Signature over printed name)

 Date

Very truly yours : [Signature]
HON. RODOLFO T. ALBANO III
 Provincial Governor

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).
 Approved per Sanggunian Resolution No.: _____

Certified Correct : _____ Date : _____