


PURCHASE ORDER

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

P.O. No. : 21-11-0242
 Date : 11-10-21

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	1,000	Covid 19 Antigen Rapid Test ***** nothing follows *****	795.50	795,500.00
					

(Total Amount in Words) *Seven Hundred Ninety-five Thousand Five Hundred Pesos Only.* **795,500.00**

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 : 
ISAIAH 8:15 ENTERPRISES
(Signature over printed name)
11-11-21
 Date

Very truly yours : 
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 : _____