

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : /	Mariano Ma	arcos Memoria	Hospital & Medical Center		P.O. No. : 41	09 D0050c	
						ite: Cophology 18. 2021	
Gentleme		sh this office th	ne following articles subject to the terms a	ind conditions			
Place of De		PGSO		Delivery		narge	
Date of Del	ivery :	seven (7) a	lays after receipt of P.O.	Payment	Term: Ch	neck	
Item No.	Unit	Quantity	Description		Unit Cost	Amount	
1	pcs	150	Expanded Newborn Screening Kit		1,750.00	262,500.00	
Total Amount Two Hundred Sixty Two Thousand			Two Hundred Sixty Two Thousand Five				
Conforme	every day o	Mariano Maryo	the full delivery within the time specified imposed. So Me. Hosp. & Med. Center over printed Name Date) 21 - 2.1 Section 369 (a) of RA 7160, this portion must be accompanied.	RODOLFO Provinc	yours,	10) of one	
Certified C	orrect:			Date:			