



Republic of the Philippines  
 PROVINCE OF ISABELA  
**PURCHASE ORDER**

P.A. NO: 2711  
 D: 12/13/21  
 S: \_\_\_\_\_

Supplier : Sta. Ana Enterprises  
 Address : San Fernando, Pampanga

P.O. No. : 21-12-MC185  
 Date : December 6, 2021

Gentlemen:

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

Place of Delivery : PGSO Delivery Term: \_\_\_\_\_ Charge \_\_\_\_\_  
 Date of Delivery : Thirty (30) days after receipt of P.O. Payment Term: \_\_\_\_\_ Check \_\_\_\_\_

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	kits	10	Preventive Maintenance Hemodialysis Kit (for B.Braun Dialog Plus Machine) 2.1 meter Dialyzer tubing (silicone tubing 5x3) 1.1 meter suction tubing for Acid Concentrate (silicone tubing 3.3x2,85) 1 pc Suction tubing for disinfectant 3 pcs disposable filter 2.6 for FB,FK,FBIC 3 pcs disposable filter 4.6 for FVD, FBK1,FBK2 6 cm Suction, Tubing Blue for Bicard Concentrate (Silicone tubing 5x1.5) 6 cm Suction Tubing red for acid Concentrate (Silicone tubing 5x 1.5) (remove white sleeve from old tubing, use on the new tubing) 1 pc Dust Filter for fan rear door 1 pc reference soluti/on for blood leak detector 2 pcs O-Ring for Dialyzer Coupling 2 pcs O-Ring (9.2 x 2.7) for BIC Cartridge holder with valve version (if option present) 4 pcs O-Ring (9.3 x 2.45) for suction rod 2 pcs O-Ring (8 x 1.25) for suction coupling central concentrate supply( if option present)	54,280.00	Php542,600.00

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**Total Amount** Five Hundred Forty Two Thousand Six Hundred Pesos **Php** 542,600.00

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

Very truly yours,

**RODOLFO T. ALBANO III**  
 Provincial Governor

Conforme:  
  
 Sta. Ana Enterprises  
 Signature over printed Name  
12-13-21  
 (Date)

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: \_\_\_\_\_

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