



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : Sta. Ana Enterprises

P.O. No. : 21-02-10100

Address : San Fernando City, Pampanga

Date : August 23, 2021

Gentlemen:

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

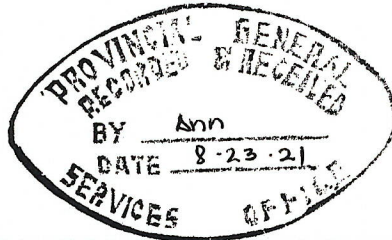
Place of Delivery : PGSO

Delivery Term: _____ Charge _____

Date of Delivery : seven (7) days after receipt of P.O.

Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	pcs	400	EPOSINO (Erythropoeitin Alfa 4000 IU)	850.00	340,000.00
2	pcs	10	Sediment Filter, 20 INC, 5 Micron	370.00	3,700.00
3	canisters	7	Residual Test Strips 100's	1,700.00	11,900.00
4	pcs	500	AV Fistula Needle, ga 17	45.00	22,500.00
5	vial	300	Heparin Sodium	350.00	105,000.00
6	package	250	TREATMENT PACKAGE: <ul style="list-style-type: none"> • 1/3 Canister Acid Concentrate, 10 liters (83 Canisters) • 1 Pack Sodium Bicarbonate (250 packs) • 1 pc Bloodlines (250 pcs) • 2 pcs AV Fistula Needle (500 pcs) • 1 botl/ Plain NSS, 1 liter (500 pcs) • 1/5 vial Heparin 500 iu/ml (50 vials) • 1 pack Fistula Kit (Code D) (250 packs) • 1/10 piece High Flux Dialyzer (25 pcs) 	1,980.00	495,000.00



Total Amount

Nine Hundred Seventy Eight Thousand One Hundred Pesos 00/100

Php 978,100.00

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,

WILMARIE B. LANTION
 STA. ANA ENTERPRISES

Conforme:

Sta. Ana Enterprises

Signature over printed Name

9-3-21

(Date)

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: _____