

PURCHASE ORDER

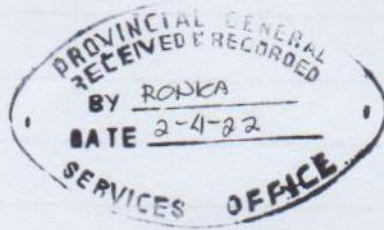
Supplier : ISAIAH 8:15 ENTERPRISES
 Address : Cauayan City, Isabela

P.O. No. : 22 -02 -0023 (4)
 Date : 2-4-22

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	400	COVID-19 Rapid Test Antigen Diagnostic Kits with buffer and swab kit	1,255.31	502,124.00
2	KITS	0	COVID-19 Rapid Test Antigen Diagnostic Kits with buffer and swab kit ***** nothing follows *****	0.00	0.00



(Total Amount in Words) *Five Hundred Two Thousand One Hundred Twenty-four Pesos Only.* **502,124.00**

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)
2-7-22
 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 : _____