



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

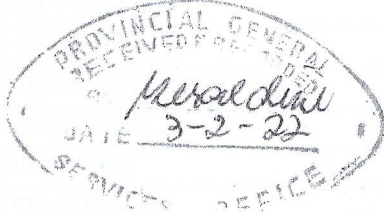
Supplier : **ISAIAH 8:15 ENTERPRISES**
 Address : **Cauayan City, Isabela**

P.O. No. : **22-03-0041**
 Date : **3-02-22**

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	BOTS.	200	Ascorbic Acid Syrup 60ml	53.96	10,792.00
2	BOTS.	200	Paracetamol 250 mg Syrup 60ml	84.97	16,994.00
3	TABS	12,000	Ascorbic Acid 500mg	3.85	46,200.00
4	TAB	6,000	Paracetamol 500mg	2.60	15,600.00
5	BOTS	500	Isoprophyl Alcohol 70% 150ml ***** nothing follows *****	29.90	14,950.00



(Total Amount in Words) *One Hundred Four Thousand Five Hundred Thirty-six Pesos Only.* **104,536.00**

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)
3-3-22
 Date

Very truly yours :
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 : _____