



PROVINCE OF ISABELA
PURCHASE ORDER

DATE: _____
BY: _____

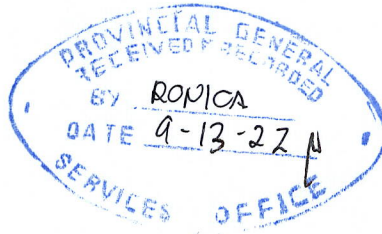
Supplier : **JPM MACROVET SUPPLY**
Address : 77 B. BENITEZ APT., QUEZON ST., CAUAYAN CITY, ISAB

P.O. No. : 22-09-0555(16)
Date : 9-13-22

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

Place of Delivery : P.F.S.O Delivery Term : Charged
Date of Delivery : Seven (7) days upon the receipt of P.O. Payment Term : Check

ITEM NO.	UNIT	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
1	VIALS	1,200	Rabies Vaccine 10ml ***** nothing follows *****	525.00	630,000.00



(Total Amount in Words) *Six Hundred Thirty Thousand Pesos Only.* **630,000.00**

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 :
JPM MACROVET SUPPLY
(Signature over printed name)
9/13/22
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 : _____