PAN 2028 10/4/22



ANNE

Republic of the Philippines PROVINCE OF ISABELA

		TO CTAL	PURCHASE O	RDER				
Address: Mariano Marcos Memorial Hospital & Medical Center Batac, Ilocos Norte					P.O. No.: 22-10-100107 Date: Octobor 10, 2022			
								Gentleme
			the following articles subject to the terr	ns and conditions of Delivery Term:	contained nereil	n: Charge		
lace of Delivery.				Delivery Term. Payment Term				
		T	Description		Unit Cost		nount	
Item No.	Unit	Quantity 150	Expanded New Born Screening Kit		1,750.00		262,500.00	
1	pcs							
Total	Amount		Two Hundred Sixty Two Thousand Five			Php	262,500.00	
	In c	ase of failure t	o make the full delivery within the time spe	ecified above, a penal	ty of one-tenth (1	/10) of one		
percent fo	or every day	of delay shall l	be imposed.	Very truly yours	5,		2	
Conforr	Mar	riano Marcos Sig DECENBE	Memorial Hospital & Medical Center nature over printed Name			LFO T. ALBA		
			(Date)	-				
			to Section 369 (a) of RA 7160, this portion must					
Certified	l Correct: _			Date:		Bours Angeles and Africa SM reduces and Africa		