



PROVINCE OF ISABELA
PURCHASE ORDER

Supplier **IMEDICAL HEALTHCARE CLINIC**
Address WBC Bldg, G/F Brgy. Ibayo, Marilao, Bulacan

P.O. No.: 2023-09-0168621
Date: 9-11-2023

Gentlemen:

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

Place of Delivery: _____ Delivery Term: CHARGED
Date of Delivery: _____ Payment Term: CHECK

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	1050	service	Adults Chest X-ray with official reading (adult)	300.00	315,000.00
2	150	service	Adults Chest X-ray with official reading (adult)	440.00	66,000.00



(Total Amount in Words) Three hundred eighty-one thousand pesos P **381,000.00**

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,

RODOLFO T. ALBANO III
Governor

Conforme:
IMEDICAL HEALTHCARE CLINIC
(Signature over printed name)
9/13/23
(Date)

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: _____