

P.A. NO: 1947
 DATE: _____
 BY: _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

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

P.O. No. : 2023-06-0108 (2)
 Date : 6-14-23

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	CAPSULE	1,000	Vitamin A Softgel Capsule	11.75	11,750.00
2	TABLET	2,000	Vitamin B Complex Tablet	3.91	7,820.00
3	CAPSULE	1,000	Vitamin E Softgel Capsule	7.50	7,500.00
4	CAPSULE	2,000	Amoxicillin 250mg Capsule	4.40	8,800.00
5	BOTTLE	72	Amoxicillin 250mg Suspension	89.92	6,474.24
6	CAPSULE	2,000	Cefalexin 500mg Capsule	6.33	12,660.00
7	BOTTLE	72	Cefalexin 250mg Suspension	37.93	2,730.96
8	TABLET	3,000	Paracetamol 500mg Tablet	1.91	5,730.00
9	BOTTLE	144	Paracetamol 250mg Syrup, 60ml	38.41	5,531.04
10	TABLET	2,000	Naproxen 550mg. Tablet	3.28	6,560.00
11	BOTTLE	144	Multivitamins Syrup, 60ml	48.92	7,044.48
12	BOTTLE	69	Phenylpropanolamine Syrup, 60ml	179.91	12,413.79
13	CAPSULE	3,000	Ascorbic Acid 500mg capsule	3.93	11,790.00
14	BOTTLE	72	Ascorbic Acid Syrup, 100mg/60ml	33.62	2,420.64
15	CAPSULE	2,000	Loperamide 2mg Capsule	2.61	5,220.00
16	TABLET	3,000	Mefenamic Acid 500mg. Tablet	3.93	11,790.00
17	CAPSULE	300	Tranexamic Acid 500mg. Capsule	29.89	8,967.00
18	BOX	2	Dental Needles, short G27 x 100's	699.90	1,399.80
19	CARPULE	200	Lidocaine 2% 50ml Solution (Dental Anesthesia)	50.93	10,186.00
20	ROLL	2	Absorbent Cotton, 400 grams	249.00	498.00
21	BOTTLE	10	Alcohol 70% 500ml	129.00	1,290.00
22	BOX	5	Disposable Facemask 3ply x 50's, Earloop	149.90	749.50

PROVINCE OF ISABELA
 RECEIVED FROM
 BY RONICA
 DATE 6-14-23
 SERVICES OFFICE

(Total Amount in Words) One Hundred Forty-nine Thousand Three Hundred Twenty-five Pesos And 45/100 **149,825.45**

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)

6-14-23

Date

Very truly yours :

RODOLFO T. ALBANO III

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 : _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

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

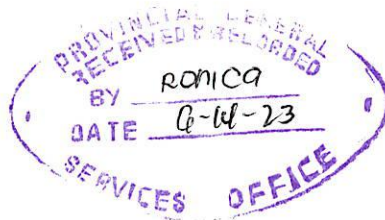
P.O. No. : 2023-00-0100(3)
 Date : 6-14-23

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
23	BOX	1	Examination Gloves Large, 100's ***** <i>nothing follows</i> *****	628.50	628.50



(Total Amount in Words) One Hundred Forty-nine Thousand Nine Hundred Fifty-three Pesos And 95/100 Or **149,953.95**

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)

_____ Date

Very truly yours :

RODOLFO T. ALBANO III
 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 : _____