



Republic of the Philippines  
**PROVINCE OF ISABELA**  
**PURCHASE ORDER**

P.A. NO: 1560  
 DATE: \_\_\_\_\_  
 BY: [Signature]

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

P.O. No. : 2023-07-0124 (4)  
 Date : 07-07-2023

**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	BOXES	10	Surgical Gloves size: 7 50's/box	990.00	9,900.00
2	BOXES	10	Surgical Gloves size: 8 50's/box	990.00	9,900.00
3	BOXES	15	1cc disposable syringe 100's/box	1,445.00	21,675.00
4	BOXES	20	3cc disposable syringe 100's/box	1,455.00	29,100.00
5	BOXES	15	5cc disposable syringe 100's/box	1,511.00	22,665.00
6	BOXES	20	10cc disposable syringe 100's/box	1,804.00	36,080.00
7	BOXES	7	20cc disposable syringe 50's/box	2,092.00	14,644.00
8	BOXES	5	Disposable Face Mask 100's/box	220.00	1,100.00
9	PCS	20	Cotton roll	502.00	10,040.00
*****nothing follows*****					



**(Total Amount in Words)** One Hundred Fifty-five Thousand One Hundred Four Pesos Only. **155,104.00**

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 :

[Signature]  
**JPM MACROVET SUPPLY**  
 (Signature over printed name)

Date

Very truly yours :

[Signature]  
**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 : \_\_\_\_\_