



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 821
 DATE: _____
 BY: VM

Supplier : Mariano Marcos Memorial Hospital and Medical Center

P.O. No. : 23-07-00036

Address : Batac City Ilocos Norte

Date : July 4, 2023

Gentlemen:

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

Place of Delivery : PGSO CCH Delivery Term: _____ Charge
 Date of Delivery : Seven (7) day after receipt of P.O. Payment Term: _____ Check

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	pcs	150	Expanded New Screening Kit	1,750.00	262,500.00



Total Amount Two Hundred Sixty Two Thousand Five Hundred Pesos **Php** 262,500.00

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,

Conforme: Mariano Marcos Mem. Hosp. & Med. Center

Signature over printed Name

7-14-23

(Date)

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: _____

GENERAL FUND
 GENERAL FUND