

## Republic of the Philippines PROVINCE OF ISABELA

P.A. N	0:	1363	
DATE			J. See THE PARTY.
BY:		On	Partial H. Chause

		200	PURCHASE ORDER	BT:		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
Supplier : Mariano Marcos Memorial Hospital & Medical Center			P.O. No. :	23-08 ·DC	0044	
Address : Batac City, Ilocos Norte			Date :	August 14	2023	
Gentlem		mish this of	fice the following articles subject to the terms and condition			
			annel A Ropes autich Rospital Delivery Term:		Charge	
Date of D	elivery :	Seven (7)	day after receipt of P.O. Payment Term:		Check	
Item No.	Unit	Quantity	Description	Unit Cost	Amo	ount
1	kit	200	Expanded Newborn Screening Collection Kits	1,750.00	Php 35	0,000.00
Total A	mount		Three Hundred Fifty Thousand Pesos		Php	350,000.00
Conformal In case of Approved	me:  Ma	y of delay shariano Marcon Sig purchase pursu nian Resolution	Nake the full delivery within the time specified above, a per all be imposed.  Very truly yours,  Nemorial Hospital & Medical Center truly yours and the specified above, a per all be imposed.  Very truly yours,  No.:  Date:	6	FO T. ALBA!	
Certified	Correct:		Date:			

