



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1452
DATE: _____
BY: [Signature]

PURCHASE ORDER

Supplier : Mariano Marcos Memorial Hospital & Medical Center
Address : Batac, Ilocos Norte

P.O. No. : 23-08-DOCSO
Date : August 18, 2023

Gentlemen:

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

Place of Delivery : PGSO (Wilfredo Albano District Hospital) Delivery Term : _____ Charge _____
Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	kit	200	Expanded NBS Collection Kit (Filter Card, Lancet, Transmittal Form, NBS Pink Brochure)	1,750.00	350,000.00



Total Amount Three Hundred Fifty Thousand Pesos & 00/100 **Php** 350,000.00

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,

Conforme:

Mariano Marcos Memorial Hospital & Medical Center
(Signature over printed Name)

9-25-23
(Date)

[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: _____

GENERAL FUND