



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

P.A. NO: 779  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_

Supplier : Mariano Marcos Memorial Hospital & Medical Center

P.O. No. : 23-10-00054

Address : Batac City, Ilocos Norte

Date : October 10, 2023

Gentlemen:

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

Place of Delivery : PGSO (CDH) 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	pc	150	Expanded Newborn 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:

[Signature]  
 Mariano Marcos Mem. Hosp. & Medical Center  
 Signature over printed Name  
11-15-23  
 (Date)

[Signature]  
**RODOLFO T. ALBANO III**  
 Governor [Signature]

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: \_\_\_\_\_

Ann