

Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

DATE: _____
BY: _____

Supplier MIDWAY DRUG AND MEDICAL SUPPLIES P.O. No.: 2023-09-0166(5)
Address City of Ilagan, Isabela Date: 9/8/23

Gentlemen:

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

Place of Delivery: P.G.S.O. Delivery Term: P.O.
Date of Delivery: Seven(7) days upon receipt of P.O. Payment Term: Charge

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	pc.	15	Intraocular lens	4,000.00	Php60,000.00
2	tube	17	Visco elastic eyeget	2,000.00	34,000.00
3	pc.	23	Nylon Suture 10-0	1,000.00	23,000.00
4	vial	15	Carbochol vial	500.00	7,500.00
5	pc.	15	Cresent knife	1,000.00	15,000.00
6	pc.	2	Orbital Implant+conformer	10,500.00	21,000.00
7	pc.	25	Proparacaine eyedrop	850.00	21,250.00
8	pc.	15	Tropicamide+phenyleprine E/B	875.00	13,125.00
9	vial	2	Mitomycin C vial	900.00	1,800.00
10	pc.	17	Policarpine eyedrop	700.00	11,900.00
11	tube	10	Trobradex ointment	700.00	7,000.00
					Php215,575.00

RECEIVED
BY Ronica
DATE 9/8/23
SERVICES OFFICE

(Total Amount in Words) TWO HUNDRED FIFTEEN THOUSAND FIVE HUNDRED SEVENTY FIVE PESOS **PHP 215,575.00**

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,

RODOLFO T. ALBANO III
Governor

Conforme:

MIDWAY DRUG AND MEDICAL SUPPLIES
(Signature over printed name)

9/11/23
(Date)

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: _____

****System Control No. _____

and