



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 548
DATE: _____
BY: J

PURCHASE ORDER

Supplier **TINGKAD DIGITAL PRINTING SERVICES**
Address Guinatan, City of Ilagan, Isabela

P.O. No.: 2023-03-0062
Date: 3-31-23

Gentlemen:

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

Place of Delivery: ISABELA PROVINCIAL HEALTH OFFICE Delivery Term: CASH
Date of Delivery: 7 DAYS UPON RECEIPTANCE OF PO Payment Term: CHECK

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	pcs	400	Drawstring bag with print xxxxxxxxx nothing followsxxxxxxxxx Source of Fund: DOH-Health Fund- Sub Allotment per 2022-0037	170.00	68,000.00



(Total Amount in Words) sixty-eight thousand pesos P 68,000.00

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: [Signature]
TINGKAD DIGITAL PRINTING SERVICES
(Signature over printed name)
4/3/23
(Date)

[Signature]
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: _____