



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

P.A. NO: 110  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_

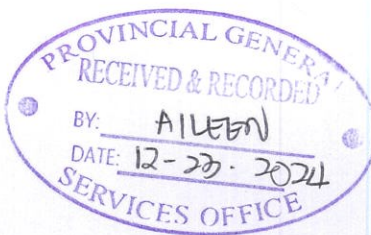
Supplier : **A.CUSIPAG ELECTRICAL AND MEDICAL EQUI**  
 Address : **Tuguegarao, City**

P.O. No. : 2024-12-0241 (2)  
 Date : 12-23-2024

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


Place of Delivery : \_\_\_\_\_ Delivery Term : \_\_\_\_\_  
 Date of Delivery : \_\_\_\_\_ Payment Term : \_\_\_\_\_



Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	JOB	1	Repair, replacement of parts, preventive maintenance and calibration of One (1) unit X <sub>7</sub> Ray Film Processor <b>SCOPE OF WORK:</b> -Installation of the unit -Repair of the power supply -For replacement of thermostat -For preventive maintenance -For calibration -Testing and commissioning ***** <i>nothing follows</i> *****	84,500.00	84,500.00



**(Total Amount in Words)** Eighty-four Thousand Five Hundred Pesos Only. **84,500.00**

In case of the 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.

Conforme :   
**A.CUSIPAG ELECTRICAL AND MEDICAL EQUIPMENT REPAIR**  
 (Signature over printed name)  
 \_\_\_\_\_  
 Date 12-23-24

Very truly yours :   
**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**