



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

DATE: _____
 BY: _____

Supplier : **ISIAH 8:15 ENTERPRISES**
 Address : **Cauayan City, Isabela**

P.O. No. : **2024(6) 07-032 (3)**
 Date : **07-18-2024**

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	PC.	30	Asepto Syringe	79.78	2,393.40
2	PC.	5	Bandages 4"	55.28	276.40
3	PC.	4	Bandages 6"	89.68	358.72
4	GAL.	3	Povidone Iodine	1,337.88	4,013.64
5	BX.	2	Blade # 10	492.88	985.76
6	BX.	1	Blade # 11	492.88	492.88
7	BX.	2	Blade # 15	492.88	985.76
8	BX.	1	Blade # 20	492.88	492.88
9	GAL.	4	Cidex	3,025.00	12,100.00
10	PC.	3	ET Tube 3	389.93	1,169.79
11	PC.	10	ET Tube 3.5	389.93	3,899.30
12	PC.	15	ET Tube 4	389.93	5,848.95
13	PC.	10	ET Tube 4.5	389.93	3,899.30
14	PC.	8	ET Tube 5	389.93	3,119.44
15	PC.	10	ET Tube 5.5	389.93	3,899.30
16	PC.	20	ET Tube 6	389.93	7,798.60
17	PC.	30	ET Tube 6.5	389.93	11,697.90
18	PC.	30	ET Tube 7	389.93	11,697.90
19	PC.	20	ET Tube 7.5	389.93	7,798.60
20	PC.	30	Foley Catheter 16	30.00	900.00
21	BX.	15	Gloves (Clean - Small)	628.38	9,425.70
22	BX.	20	Gloves (Clean - Medium)	628.38	12,567.60

PROVINCIAL GENERAL
 RECEIVED & RECORDED
 BY: ALIBAN
 DATE: 07-18-2024
 SERVICES OFFICE

(Total Amount in Words) One Hundred Five Thousand Eight Hundred Twenty-one Pesos And 82/100 Only. **105,821.82**

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 :

ISIAH 8:15 ENTERPRISES

(Signature over printed name)

7-18-2024

Date

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 : _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : **ISAIAH 8:15 ENTERPRISES**
 Address : **Cauayan City, Isabela**

P.O. No. : 2024(6) 07-0132 (3)
 Date : 07-18-2024

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
23	BX.	15	Gloves (Clean - Large)	628.38	9,425.70
24	BX.	4	Sterile gloves 6 x 50's	1,698.88	6,795.52
25	BX.	5	Sterile gloves 6 1/2 x 50's	1,698.88	8,494.40
26	BX.	12	Sterile gloves 7 x 50's	1,698.88	20,386.56
27	BX.	4	Sterile gloves 7 1/2 x 50's	1,698.88	6,795.52
28	BX.	4	Sterile gloves 8.0 x 50's	1,698.88	6,795.52
29	BX.	40	Heplock x 100's	2,378.00	95,120.00
30	BOT.	6	Hydrogen Peroxide, 500ml	45.78	274.68
31	PC.	50	Isopropyl Alcohol 70% 500ml	128.88	6,444.00
32	PC.	40	IV Catheter 18	46.08	1,843.20
33	PC.	40	IV Catheter 20	46.08	1,843.20
34	PC.	30	IV Catheter 22	46.08	1,382.40
35	PC.	30	IV Catheter 24	46.08	1,382.40
36	TUBE	20	KY Gel	328.28	6,565.60
37	PC.	30	Microset	26.88	806.40
38	PC.	50	Macroset	27.85	1,392.50
39	BX.	1	Micropore 1/2 x 24's	1,237.50	1,237.50
40	BX.	4	Micropore 1" x 12's	1,237.50	4,950.00
41	PC.	5	NGT 16	366.88	1,834.40
42	BX.	3	OR caps x 100's	299.43	898.29
43	BX.	10	OR Masks (Loop) x 50's	151.25	1,512.50
44	PC.	30	Oxygen Masks (Adult)	101.88	3,056.40



(Total Amount in Words) Two Hundred Ninety-five Thousand Fifty-eight Pesos And 51/100 Only. **295,058.51**

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 :

ISAIAH 8:15 ENTERPRISES

(Signature over printed name)

7-18-2024

Date

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 : _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : **ISAIAH 8:15 ENTERPRISES**
 Address : **Cauayan City, Isabela**

P.O. No. : 2024(6) 07-0132 (3)
 Date : 07-18-2024

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
45	PC.	20	Oxygen Masks (Pedia)	101.88	2,037.60
46	PC.	20	O2 Cannula (Adult)	51.88	1,037.60
47	PC.	10	Soluset	221.88	2,218.80
48	BX.	1	Spinal needle G27 x 20's	3,157.60	3,157.60
49	PC.	30	Suction Catheter 16	14.88	446.40
50	PC.	30	Suction Catheter 14	14.88	446.40
51	PC.	20	Suction catheter 8	14.88	297.60
52	BX.	3	Syringes 1cc x 100's	439.33	1,317.99
53	BX.	3	Syringes 3cc x 100's	439.33	1,317.99
54	BX.	3	Syringes 5cc x 100's	439.76	1,319.28
55	BX.	3	Syringes 10cc x 100's	568.18	1,704.54
56	PC.	20	Urine bag	55.38	1,107.60
57	BX.	1	Chromic 0 x 12's	539.78	539.78
58	BX.	1	Chromic 2.0 x 12's	539.78	539.78
59	BX.	2	Chromic 3.0 x 12's	539.78	1,079.56
60	BX.	1	Silk 3-0 cutting	598.88	598.88
61	PACK	4	Shoe cover x 50 pairs	539.28	2,157.12
62	VIAL	5	Ampicillin 500mg	39.82	199.10
63	AMP	20	Atracurium	227.83	4,556.60
64	AMP	30	Atrophine Sulphate	114.95	3,448.50
65	VIAL	50	Calcium Gluconate	60.81	3,040.50
66	VIAL	3	Cefazolin x 10's	214.83	644.49

PROVINCIAL GENERAL
 RECEIVED & RECORDED
 BY: AILEEN
 DATE: 07-18-2024
 SERVICES OFFICE

(Total Amount in Words) Three Hundred Twenty-eight Thousand Two Hundred Seventy-two Pesos And 22/100 **328,272.22**

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 :
ISAIAH 8:15 ENTERPRISES
 (Signature over printed name)
7-18-2024
 Date

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



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : **ISAIAH 8:15 ENTERPRISES**
 Address : **Cauayan City, Isabela**

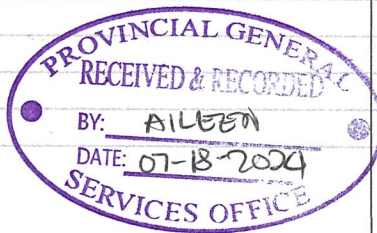
P.O. No. : 2024(6) 07-0192 (3)
 Date : 07-18-2024

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
67	VIAL	30	Cefuroxime	89.83	2,694.90
68	AMP	10	Diphenhydramin	96.83	968.30
69	AMP	50	Epinephrine	75.79	3,789.50
70	VIAL	10	Hydrocortisone	69.82	698.20
71	VIAL	20	Hydralazine	219.83	4,396.60
72	AMP	50	Ketorolac	24.83	1,241.50
73	VIAL	50	Lidocaine 2% 50ml	50.83	2,541.50
74	VIAL	10	Potassium Chloride	47.83	478.30
75	AMP	30	Tranexamic acid 500mg	129.83	3,894.90
76	TAB	300	Tranexamic acid 500mg	29.79	8,937.00
77	TAB	1,000	Mefenamic acid 500mg	3.83	3,830.00
78	BOT.	30	Paracetamol 250mg/5ml Suspension	38.31	1,149.30
79	TAB	1,000	Paracetamol 500mg	1.81	1,810.00
80	CAP	300	Tramadol cap 50mg	6.48	1,944.00
81	TAB	1,000	Cefuroxime 500mg	37.37	37,370.00
82	BOT.	15	Cefalexin 250mg/5ml Suspension	37.83	567.45
83	AMP	10	Clonidine IV	167.90	1,679.00
84	CAPSULE	500	Amoxicillin 500mg	4.30	2,150.00
85	TAB.	100	Bisacodyl 5mg	5.72	572.00
86	VIAL	20	Omeprazole 40mg IV	334.81	6,696.20
87	TAB	300	Omeprazole 20mg	16.94	5,082.00
88	BOT.	48	D5 LR 1L	84.83	4,071.84



(Total Amount in Words) Four Hundred Twenty-four Thousand Eight Hundred Thirty-four Pesos And 71/100 **424,834.71**

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 :

ISAIAH 8:15 ENTERPRISES
 (Signature over printed name)

7-18-2024

Date

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 : _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : ISAIAH 8:15 ENTERPRISES
 Address : Cauayan City, Isabela

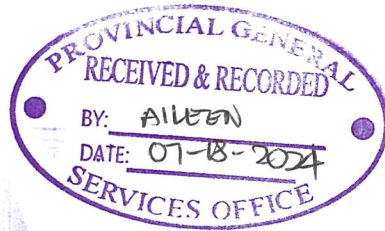
P.O. No. : 2024 (B) 07 - 0132 (3)
 Date : 07-18-2024

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
89	TAB.	100	Metronidazole 500mg ***** nothing follows *****	3.66	366.00



(Total Amount in Words) Four Hundred Twenty-five Thousand Two Hundred Pesos And 71/100 Only. **425,200.71/**

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 :

ISAIAH 8:15 ENTERPRISES

(Signature over printed name)

7-18-2024

Date

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