

P.A. NO: 2396
 DATE: _____
 BY: _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

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

P.O. No. : 2024(6)-09-175(1)
 Date : 09-10-2024

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	CAPSULE	2,000	Amoxicillin 500mg capsule	4.30	8,600.00
2	TABLET	2,000	Paracetamol 500mg	1.81	3,620.00
3	TABLET	1,000	Lagundi Anti Cough 300mg	2.32	2,320.00
4	TABLET	2,000	Phenylpropalonnamine Chlorphenamine Maleate	3.50	7,000.00
5	TABLET	2,000	Diclofenac Sodium 50mg	1.58	3,160.00
6	TABLET	2,000	Salbutamol 2mg tablet	0.53	1,060.00
7	TABLET	2,000	Vitamin B1+B6+B12	2.90	5,800.00
8	TABLET	300	Multivitamins Capsule	4.73	1,419.00
9	TABLET	1,000	Losartan 50mg	8.33	8,330.00
10	CAPSULE	2,000	Celecoxib 200mg capsule	9.82	19,640.00
11	TABLET	2,000	Cotrimoxazole 480mg tablet	0.90	1,800.00
12	TABLET	800	Atorvastatin 10mg	7.82	6,256.00
13	TABLET	800	Ciprofloxacin 500mg tablet	7.83	6,264.00
14	TABLET	190	Cefuroxime 500mg tablet	37.37	7,100.30
15	TABLET	300	Cefalexin 250mg tablet	4.75	1,425.00
16	TABLET	39	Azithromycin 500mg tablet	79.50	3,100.50
17	CAPSULE	1,100	Celecoxib 400mg capsule	16.44	18,084.00
18	TABLET	240	Co- Amoxiclav 500mg/125mg	18.83	4,519.20
19	CAPSULE	2,000	Omeprazole 40mg	39.84	79,680.00
20	BOTTLE	64	Paracetamol 250mg/250ml suspension	38.31	2,451.84
21	BOTTLE	28	Ambroxol Syrup 15mg	65.75	1,841.00
22	BOTTLE	57	Cetirizine 5mg syrup	78.47	4,472.79

RECEIVED & RECORDED
 BY: Alibon
 DATE: 09-10-2024
 SERVICES OFFICE

(Total Amount in Words) One Hundred Ninety-seven Thousand Nine Hundred Forty-three Pesos And 63/100 **₱197,943.63**

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)

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) -09 - 1754)
 Date : 09-16-2024

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	BOTTLE	25	Multivitamins Syrup	48.82	1,220.50
24	BOTTLE	36	Ascorbic Acid	39.32	1,415.52
25	BOTTLE	58	Phenylpropalonamine Chlorphenamine Maleate syrup	179.81	10,428.98
26	BOX	7	Syringe 3ml	439.33	3,075.31
27	BOX	10	Gauze Pad 2x2	420.00	4,200.00
28	BOTTLE	24	Alcohol 500ml	128.88	3,093.12
*****nothing follows*****					



(Total Amount in Words) Two Hundred Twenty-one Thousand Three Hundred Seventy-seven Pesos And 062200377106

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)

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 : _____