

P.A. NO: 23915
 DATE: _____
 BY: _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

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

P.O. No. : 2024-09-0183(U)
 Date : 09-27-2024

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	PACK	1,105	Health Care Kit Consist of the following: 1 pc A4 Transparent Case with Print 1 bottle off lotion 50ml 1 pc Indoplas Digital Thermometer 1 bottle Ascorbic Acid Syrup 60ml 1 bottle Paracetamol 125mg Syrup 60ml 10 tablets Multivitamins capsule 10 tablets Paracetamol 500mg tablet 1 box Methyl Salicylate Menthol + Camphor Ointment 1 bottle Isoprophyl Alcohol 50ml 1 pc Germicidal Soap 1 pack Tissue 1 bottle Ion Energy Drink 350ml ***** <i>nothing follows</i> *****	900.00	994,500.00



(Total Amount in Words) Nine Hundred Ninety-four Thousand Five Hundred Pesos Only. **994,500.00**

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 :

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 : _____