



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : ISAIAH 8:15 ENTERPRISES	P.O. No. : 2024-09-018302
Address : Cauayan City, Isabela	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	BOTTLE	144	Paracetamol 250mg/5ml syrup	38.31	5,516.64
2	BOTTLE	144	Paracetamol 100mg/5ml drops	37.79	5,441.76
3	TABLET	4,600	Paracetamol 500mg tablet	1.81	8,326.00
4	BOTTLE	162	Cetirizine Syrup	78.30	12,684.60
5	BOTTLE	162	Salbutamol + Guaifenesin Syrup	28.33	4,589.46
6	TABLET	4,900	Lagundi 300mg Tablet	2.32	11,368.00
7	BOTTLE	144	Lagundi 300mg/5ml 60ml Syrup	58.32	8,398.08
8	BOTTLE	144	Cefalexin 250mg/5ml syrup	37.83	5,447.52
9	CAPSULE	8,500	Cefalexin 500mg Capsule	6.23	52,955.00
10	BOTTLE	288	Multivitamins Syrup	96.81	27,881.28
11	CAPSULE	5,000	Cotrimoxazole 800mg capsule	3.06	15,300.00
12	TABLET	4,200	Vitamin B Complex Tablet	2.40	10,080.00
13	TABLET	4,400	Loratadine 10mg tablet	8.58	37,752.00
14	CAPSULE	4,000	Omeprazole 20mg Capsule	11.98	47,920.00
15	TABLET	2,200	Phenylpropanolamine Chlorphenamine Paracetamol (Symdex)	6.50	14,300.00
16	CAPSULE	5,600	Multivitamins Capsule	4.73	26,488.00
***** nothing follows *****					

PROVINCIAL GENERAL
RECEIVED & RECORDED
BY: *Albano*
DATE: *09-27-2024*
SERVICES OFFICE

(Total Amount in Words) Two Hundred Ninety-four Thousand Four Hundred Forty-eight Pesos And 34/100 **294,448.34**

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) <i>9-30-24</i> Date	Very truly yours : RODOLFO T. ALBANO III Governor
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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 : _____