



PURCHASE ORDER

BY: _____

Supplier **IMEDICAL HEALTHCARE CLINIC**
Address **WBC Bldg, g/f Brgy. Ibayo, Marilao, Bulacan**

P.O. No.: **2024-04-0095**
Date: **4-22-24**

Gentlemen:

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

Place of Delivery: IPTAO

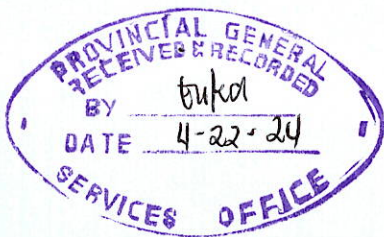
Delivery Term: _____

Date of Delivery: _____

Payment Term: _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	service	1,260	Adult Chest X-ray Van with official reading	300.00	378,000.00
2	service	140	Pedia/Child Chest X-ray Van with official reading	440.00	61,600.00

Funding Source:
Trust Fund- Tuberculosis Implementation Framework Agreement (TIFA) Grant



7)
muni...



(Total Amount in Words) Four hundred thirty nine thousand six hundred pesos **P 439,600.00**

In case of 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.

Very truly yours,

Conforme: _____
IMEDICAL HEALTHCARE CLINIC
 (Signature over printed name)
4/23/24
 (Date)

RODOLFO T. ALBANO III
 Provincial 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: _____