

PROVINCE OF ISABELA
PURCHASE ORDER

DATE: _____
BY: _____

Supplier IMEDICAL HEALTHCARE CLINIC

Address WBC Bldg., G/F Brgy. Ibayo, Marilao, Bulacan

P.O. No.: 2024 - 06 - 0116 (4)

Date: 06-24-2024

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	service	185	Pedia Chest X-ray with official reading	440.00	81,400.00
2	service	1665	Adult Chest X-ray with official reading	300.00	499,500.00
xxxxxxxxnothing followsxxxxxxxx					
Source of fund: Trust Fund- USAID TB Implementation Framerwork Agreement (TIFA) Grant					
					

(Total Amount in Words) Five hundred eighty thousand and nine hundred pesos

P **580,900.00**

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)

6/20/24

(Date)


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: _____