



PURCHASE ORDER

P.O. No.: 2024-09-0169(4)
Date: 9-9-2024

Supplier IMEDICAL HEALTHCARE CLINIC
Address WBC Bldg., G/F Brgy. Ibayo, Marilao, Bulacan

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	180	Pedia Chest X-ray with official reading	440.00	79,200.00
2	service	1820	Adult Chest X-ray with official reading	300.00	546,000.00
xxxxxxxxnothing followsxxxxxxxx					
<p>Source of fund: Trust Fund- USAID TB Implementation Framerwork Agreement (TIFA) Grant</p>					

(Total Amount in Words) Six hundred twenty five thousand, two hundred pesos **P 625,200.00**

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,

RODOLFO T. ALBANO III
Governor

Conforme: _____
IMEDICAL HEALTHCARE CLINIC
(Signature over printed name)
9/16/24
(Date)

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: _____