

## Republic of the Philippines PROVINCE OF ISABELA

## PURCHASE ORDER

S TORCHISE ORDER	
Supplier : Mariano Marcos Memorial Hospital and Medical Center	P.O. No. : 24 04 - 40058
Address : Batac City, Ilocos Norte	Date : April 5. 2024
Gentlemen:  Please furnish this office the following articles subject to the terms and cor	nditions contained herein:-
Place of Delivery : PGSO (MA DH) Delivery Terr	m: Charge

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	kit	200	Expanded NBS Collection kit (Filter Card, Lancet, Transmittal Form, NBS Pink Brochure)	1,750.00	Php 350,000.00
Total Ar			Three Hundred Fifty Thousand Pesos		Php /350,000.00

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:

Mariano Marcos Mem. Hospital and Med. Center

Signature over printed Name

5-15-24

(Date)

In case of negotiated purchase pursuant to Section 389 (a) of RA 7160, this portion must be accomplished).

Approved per Sanggunian Resolution No:

Certified Correct:

Date: