P.A. NO:	2538		
DATE:			



Republic of the Philippines PROVINCE OF ISABELA **PURCHASE ORDER**

ouppiio.				P.O. No. : _ Date : _	: 2024-9-0184 : 9-30-24		
Gentleme Please f		s office the f	ollowing articles subject to the terms and	conditions co	ntained herein:		
	Place of Delivery : Delivery Term : Delivery Term :						
Item No.	Unit	Quantity	Description		Unit Cost	Amount	
1	SET	1	Billing & Claims: 56 x 99 (78 sq. ft) Righ Mechanism	nt	27,300.00	<i>_</i> 27,300.00	
2	SET	1	Billing & Claims : 56 x 99 (78 sq ft) Right Mechanism		27,300.00	27,300.00	
3	SET	1	Billings & Claims: 56 x 99 (78 sq.ft) Right Mechanism		27,300.00	27,300.00	
4	SET	1	Billing & Claims: 56 x 99 (78 sq. ft) Right Mechanism		27,300.00	27,300.00	
5	SET	1	Billing & Claims: 56 x 99 (78 sq. ft) Right Mechanism		27,300.00	27,300.00	
6	SET	1	Billing & Claims: 56 x 99 (78 sq.ft) Right		27,300.00	27,300.00	
7	SET	1	Mechanism Cashier: 108 x 100 (150 sq. ft) Left mechanism		52,500.00	52,500.00	
8	SET	1	Emergency Room: 116 x 92 (148 sq. ft) Left Mechanism		51,800.00	51,800.00	
9	SET	1	Emergency Room: 116 x 92 (148 sq. ft Mechanism) Left	51,800.00	_51,800.00	
10	SET	1	Emergency Room: 41 x 69 (40 sq.ft) Le	eft	14,000.00	14,000.00	
11	SET	1	Emergency Room: 73 x 90 (92 sq. ft) Right		32,200.00	32,200.00	
12	SET	1	Mechanism Emergency Room: 60 x 90 (76 cm A) L Mechanism BY: DATE SER	eft IVED & RECORD JOY 9-30-24 VICES OFFIC	20,600.00	26,600.00	
(Total Amount in Words) Three Hundred Ninety-two Thousand Seven Hundred Pesos Only. 392,700.00							
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: Wery truly yours: RODOLFO T. ALBANO III (Signature over printed name) Date One 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. Very truly yours: RODOLFO T. ALBANO III Governor							
			ase pursuant to Section 369 (a) of RA 71 Resolution No.:		must be accomp	olished).	
Certified Correct : Date :							
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