



PROVINCE OF ISABELA
PURCHASE ORDER

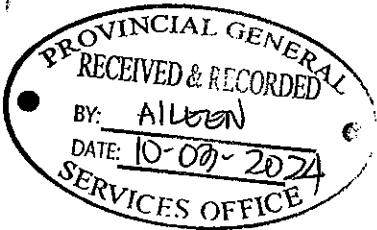
DATE: _____
BY: _____

Supplier **TINGKAD DIGITAL PRINTING SERVICES**
Address **Guinatan, City of Ilagan, Isabela**
P.O. No.: **2024-10-0187 (1)**
Date: **10-03-2024**

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

Place of Delive _____ Delivery Term: _____
Date of Delivery: _____ Payment Term: _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	pcs	1000	PVC Fan- Healthy Habits	70.00	70,000.00
2	pcs	1020	Tarpaulin 2x2 ft. Immunization	100.00	102,000.00
3	pcs	1000	Tarpaulin 2x3 ft. Immunization	120.00	120,000.00



Two hundred ninety-two thousand P **292,000.00**

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,

HON. RODOLFO T. ALBANO III
Governor

Conforme:
TINGKAD DIGITAL PRINTING SERVICES
(Signature over printed name)

(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: _____

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