



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

DATE: _____
 BY: _____

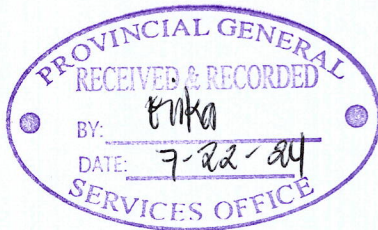
Supplier **UBIDO COPY CENTER & GEN. MDSE**
 Address **Cauayan City, Isabela**

P.O. No.: 2024-07-0136 (7)
 Date: 7-22-24

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	1500	Expanding plastic envelope with handle	100.00	150,000.00



One hundred fifty thousand pesos P **150,000.00**

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:
UBIDO COPY CENTER & GENERAL MDSE
 (Signature over printed name)
8/15/24
 (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: _____