

PROVINCE OF ISABELA

PURCHASE ORDER

| Supplier | Supplier STA. ANA ENTERPRISES | | | | 24-10-40103 |
|--|-------------------------------|--------------|--|----------------------|--------------------|
| Address | Bacolor, | Pampang | <u>a</u> | Date: | October 18, 2024 |
| Gentlemen: | | | | | |
| Please furnish this office the following articles subject to the terms and conditions contained herein: | | | | | |
| Place of Delivery: PGSO Delivery Term | | | | ery Term: | F.O.B. Destination |
| Date of Delivery: 30 calendar days after receipt of P.O. Payment Te | | | | ent Term: | Check |
| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
| 1 | pfs | 4,000 | Erythropoeitin Alfa, Eposino 4000 iu | ₱850.00 | ₱3,400,000.00 |
| 2 | bottle | 1,000 | Plain NSS, 1 Liter | 81.0 | |
| 3 | gallon | 20 | MDT Sterilant | 5,528.0 | |
| 4 | piece | 2,000 | Sodium Bicarbonate | 416.0 | 832,000.00 |
| 5 | vial | 4,000 | Heparin Sodium | 350.0 | 1,400,000.00 |
| 6 | piece | 4,000 | TREATMENT PACKAGE | 1,980.0 | 7,920,000.00 |
| Compos | ition of Tr | eatment F | Package: | | |
| | canister | 1,333 | Canister Acid Concentrate, 10uters (or Equivalent) | | |
| | piece | 4,000 | Sodium Bicarbonate | | |
| | piece | 4,000 | Bloodlines | | |
| | piece | 2,000 | A V Fistula Needle | | |
| | bottle | 4,000 | Plain NSS, 1 Liter | | |
| | vial | 2,000 | Heparin 5000 iu/ml | | |
| | pack | 4,000 | Fistula Kit (Code B) | | |
| | paon | 1/10 | High Flux Dialyzer | | |
| | | 1710 | riigir lax bidiy20 | | |
| | | | ARCORDED SINECERAL ANN BY 10-10-24 SERVICES OFFICE | | |
| Thirteen Million Seven Hundred Forty-Three Thousand Five Hundred Sixty Pesos & 00/100 Thirteen Million Seven Hundred Forty-Three Thousand Five Hundred Sixty Pesos & 00/100 | | | | | |
| | In case of | failure to m | ake the full delivery within the time specified above, a p | penalty of one-tenth | (1/10) of one |
| percent for every day of delay shall be imposed. | | | | | |
| | | | Very t | ruly yours, | folo |
| | | | Ω_{α} | | 110 |
| | | | | | T. ALBANO III |
| Conforme: WILMARIE B - LANTION Governor | | | | | |
| (Signature over printed name) | | | | | |
| | | | | | |
| Oct. 18,2074 | | | | | |
| | | | (Date) | | |
| | | | | | |
| | | | suant to Section 369 (a) of RA 7160, this portion must be according No.: | mplished). | |
| Certifie | d Correct: | | Date: | | |
| | | | | | |