

PROVINCE OF ISABELA

PU	RO	CH	AS	E	0	R	D	E	R
----	----	----	----	---	---	---	---	---	---

Pharmaceutical Distributor

ess: Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City

P.O. No.: 21 -10 - 40133

Date : Dotober 15, 2021

-				
C A	v in the	len	M. M.	
U.E	2635	иен	пе	ш

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

Place of Delivery: PGSO

Delivery Term:

Charge

tem No.	Unit	Quantity	Description	Unit Cost	Amount
1	pcs	100	Coverall Suit PPE w/ accessories	1,750.00	175,000.00
			2		
Total A	mannt		One Hundred Seventy Five Thousand Pesos	00/100 Pt	p 175,000.00

percent for every day of delay shall be imposed.

Very truly yours,

Conforme:

Gemed Pharmaceutical Distributor

Signature over printed Name 10-12-21

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:

