



PROVINCE OF ISABELA  
**PURCHASE ORDER**

DATE: 3-3-21  
BY: [Signature]

Supplier **Great Medical Equipment and Supplies Trading**

P.O. No.: 21-02-0024

Address **Blk 3 Lot 14 Phase 4 Amaris Homes Molino IV Bacoar Cavite**

Date: 2-08-21

Gentlemen:

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

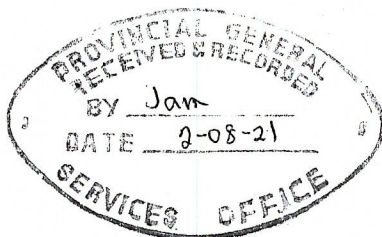
Place of Delivery: P.L.S.D.

Delivery Term: 5 CHARGE

Date of Delivery: Seven (7) days after receipt of P.O.

Payment Term: CHECK

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	box	80	Saliva Rapid Antigen Test 25/s/box	15,625.00	1,250,000.00



(Total Amount in Words) One Million Two Hundred Fifty Thousand Pesos

P 1,250,000.00

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,

[Signature]  
**RODOLFO T. ALBANO III**

Provincial Governor

Conforme:

[Signature]  
**Great Medical Equipment and Supplies Trading**

(Signature over printed name)

2-9-21

(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: \_\_\_\_\_

SC # 4580