



Republic of the Philippines  
PROVINCE OF ISABELA  
**PURCHASE ORDER**

Supplier **Isaiah 8:15 Enterprises**  
Address **Cauayan City, Isabela**

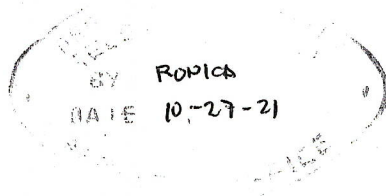
P.O. No.: **21-10-0230(3)**  
Date: **10-27-21**

Gentlemen:

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

Place of Delivery: \_\_\_\_\_ Delivery Term: \_\_\_\_\_  
Date of Delivery: \_\_\_\_\_ Payment Term: \_\_\_\_\_

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	kits	500	Covid 19 Antigen Rapid Test (Lateral Flow Method)	795.50	397,750.00



**(Total Amount in Words)** Three Hundred Ninety Seven Thousand Seven Hundred Fifty Pesos Only. **397,750.00**

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,

**RODOLFO T. ALBANO, III**  
Provincial Governor

Conforme:

**ISAIAH 8:15 ENTERPRISES**

(Signature over printed name)

**10 - 28 - 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: \_\_\_\_\_