

## Republic of the Philippines PROVINCE OF ISABELA

## **PURCHASE ORDER**

Supplier Isaiah 8:15 Enterprises				P.O. No.:	P.O. No.: 21-10-0230	
Address Cauayan City, Isabela					Date: 10 - 27 - 21	
Gentlen	nen:					
	Please f	urnish this	office the following articles subject to the terms and cond	ditions contained her	ein:	
Place of	f Deliver	y:		Delivery Term:		
Date of Delivery:			Payment Te	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	
				, , ,		
			BY ROUICA			
			( OATE 10-27-21 °)			
			Sense Sense			
			The second secon			
(Total Am	ount in	Words)	Three Hundred Ninety Seven Thousand Seven Hundred Fifty	Pesos Only	397,750.00	
J	In case of	failure to ma	ake the full delivery within the time specified above, a penalty of	of one-tenth (1/10) of o	one	
			shall be imposed.	* * * * * * * * * * * * * * * * * * * *		
			Very truly you	nea		
			very timy you	urs,		
				Afte		
		-	A) A	ODOLFO T. ALBAN		
Conform	Conforme:		2 min	Provincial Governor		
		ISAIAH	8:15 ENTERPRISES			
		(Signature	over printed name)			
			•			
			over printed name)  b - 2   (Date)			
			•			
In case of i	negotiated		<u>b</u> ->8 - 2  (Date)			
In case of Approved	negotiated per Sanggi	purchase purs	•			