



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : **ISAIAH 8:15 ENTERPRISES**
Address : **Cauayan City, Isabela**

P.O. No. : **21-09-0194 (1)**
Date : **9-8-21**

Gentlemen:

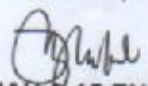
Please furnish this office the following articles subject to the terms and conditions contained herein:

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 ***** nothing follows ***** 	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 the 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.

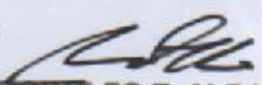
Conforme :


ISAIAH 8:15 ENTERPRISES

(Signature over printed name)

9/9/21
Date

Very truly yours :


HON. RODOLFO T. ALBANO III

Provincial Governor

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 : _____