



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

Supplier **JAKE RAMYL GEN, MERCHANDISE & SUPPLIES**

Address **Santiago Citry, Isabela**

P.O. No.: **21(6)08-0151(1)**

Date: **8-10-21**

Gentlemen:

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

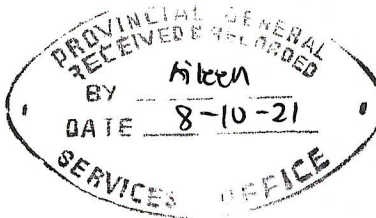
Place of Delivery: **P.G.S.O.**

Delivery Term: **P.O.**

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

Payment Term: **Charge**

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	bx	30	Face Mask - w	270.00	8,100.00
2	bx	20	Multivitamins cap with minerals 500mg 100's	560.00	11,200.00
3	bx	20	Vitamin B-complex 500mg 100's	240.00	4,800.00
4	gals	15	Rubbing alcohol	450.00	6,750.00
5	pcs	5	Disinfectant Spray	495.00	2,475.00
6	bx	20	Ascorbic Acid 500mg 100's	248.00	4,960.00
7	units	5	Weighing Scale	750.00	3,750.00
8	pcs	85	Toothbrush	45.00	3,825.00
9	pcs	85	Toothpaste 40g	38.00	3,230.00
10	pcs	85	Shampoo	10.00	850.00
11	pcs	85	Conditioner	10.00	850.00
12	pcs	85	Soap XXXXXX	35.00	2,975.00



(Total Amount in Words) **FIFTY THREE THOUSAND SEVEN HUNDRED SIXTY FIVE PESOS**

**PHP 53,765.00**

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:

**JAKE RAMYL GEN, MERCHANDISE & SUPPLIES**

(Signature over printed name)

(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:

\*\*\*\*System Control No.