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## Republic of the Philippines PROVINCE OF ISABELA

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| DAI | E: 4/09/D                       | 7    |
| BY: |                                 |      |
| -   | APPROXIMATE AND APPROXIMATE AND |      |

## PURCHASE ORDER

|                                 |   | CICA                                   | PURCHASE URDER   | 1                  |                |  |
|---------------------------------|---|--|--|--------------------|----------------|--|
| Supplier : Sta. Ana Enterprises |   |  |  |                    | 21-05-M6050(B) |  |
| Address:                        | San Fem   | ando City, Pa                          | ampanga  | Date:              | may 14 2001    |  |
| Gentleme<br>Pl                  | ease furnis   |  | he following articles subject to the terms and condition   | ons contained here | ein:<br>Charge |  |
| Date of De                      | Date of Delivery : One Hundred Twenty days after Receipt Payment Terr |  |  |                    | rm: Check      |  |
| Item No.                        | Unit  | Quantity                               | Description  | Unit Cost          | Amount         |  |
| 1                               | unit  | 1                                      | Semi-Automated Reprocessing Machine for Non-Reactive Patients, Wall mou8nted, 6 stations   | 840,000.00         | 840,000.6      |  |
|                                 |   |  | By Am  By | FUND               |                |  |
|                                 |   |  | PGU CO<br>GFNDY- Dialysis Center   |                    |                |  |
| Total A                         |   |  | Eight Hundred Forty Thousand Pesos   |                    | Php 840,000.00 |  |
|                                 | every day o   | WILMARII<br>STA. ANA<br>(Signature     | Very tru   | dy yours,          | T. ALBANO HI   |  |
|                                 |   | chase pursuant to<br>n Resolution No.: | Section 369 (a) of RA 7160, this portion must be accomplished).  |                    |                |  |
| Certified (                     | Correct:  |  | Date: _  |                    |                |  |
|                                 |   |  |  |                    |                |  |