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DATE:	10-20-21
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## Republic of the Philippines PROVINCE OF ISABELA

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plier: V	r: Vitaline Healthcare Inc.					21-10-4013	
dress: 1	101 Mother Ignacia Ave., South Triangle, Quezon City			D	ate:	October 25	0,2021
ientiemer Pl	n: ease furnis	sh this office t	he following articles subject to the terms and	conditions contain	ied herei	n:	
ace of Delivery: PGSO Delivery Term:			very Term:	Charge			
te of Deli	very :	seven (7)	days after receipt of P.O. Payr	ment Term:		Check	
em No.	Unit	Quantity	Description		Cost	Am	275,000.00
1	ktis	500	Biotech I Chroma Covid-19 Ag		550.00		213,000.00
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	And and the state of the state						
Total.	Amount		Two Hundred Seventy Five Thousand Pe	esos 00/100		Php	275,000.
percent fo	In case of i	ail lure to ma	ke the full delivery within the time specified at be imposed.  Vo	ery truly yours,	RODO	OLFO T. ALB	ANO IILO
Confor	me:		Vitaline Healthcare Inc. griature over printed Name 10 • 22 • 24		PTO	Augua Governe	P
	make my temperature about	and the second	(Date)				
In case of	negotiated p	urchase pursuar nian Resolution N	it to Section 369 (a) of RA 7160, this portion must be acco o.:	mplished).			
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