

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier	: BIOWELL MEDICAL ENTERPRISES	P.O. No.	: 20061151
Address	: Iliwod East, Legazpi City	Date	: June 9, 2020
Telephone No.	:	Mode of Procurement	: Negotiated Procurement
TIN	: 199-555-086-000	Emergency Purchase under Section 53.2 of RA 9184	:

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

Place of Delivery	: CNPH	Delivery Term	: <u>7 CD</u>
Date of Delivery	: <u>06-17-2020</u>	Payment Term	: <u>Full</u>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	200	tray	Lavander top, 100's	1,200.00	240,000.00

Total amount in words: **TWO HUNDRED FORTY THOUSAND PESOS ONLY** **240,000.00**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

Conforme:


MARK RYAN LUA

Signature over printed name of Supplier

06-10-2020

Date


AREN E. FRANCISCO, MD
 Acting PHO