

**PURCHASE ORDER**  
**PROVINCIAL GOVERNMENT OF CAMARINES NORTE**

Supplier	: <b>BIOWELL MEDICAL ENTERPRISE</b>	P.O. No.	: 21010092
Address	: Ilawod East, Legazpi City	Date	: 01-20-2021
Telephone No.	:	Mode of Procurement	:
TIN	: 199-555-086-000	Negotiated Procurement	:
		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	: 7 CD
Date of Delivery	: 02-01-2021	Payment Term	: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	260	piece	Viral Transport Media with Nasopharyngeal & Oropharyngeal Swabbing	549.50	142,870.00

Total amount in words:	<b>One Hundred Forty Two Thousand Eight Hundred Seventy Pesos Only . . . .</b>	<b>142,870.00</b>
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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.

Conforme:

Very truly yours, ,

ARNEL E. FRANCISCO  
 Acting PHO II

MARK RYAN LUA

Signature over printed name of Supplier

01-25-2021

Date