

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **ONE AGNO MEDICAL SOLUTIONS** P.O. No. : **23010055**
 Address : **3rd floor Glow Dorm Tierra Valiente Brgy. Bucal** Date : **04/26/23**
 : **Calamba City, Laguna**
 Telephone No. : **0917-725-5495/0915-391-8197** Mode of Procurement : **SHOPPING**
 TIN : **156-720-914-000**

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

Place of Delivery : **CNPH** Delivery Term : **7CD**
 Date of Delivery : **05/04/23** Payment Term: **FULL**

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	3 - 1	bx	Anti A/Anti B/Anti D Control/Reverse Diluent (400 Cassettes/bx)	95,331.60	285,994.80
2	2 - 1	bx	Anti-IgG, C3d: Polyspecific (400 cassttes/bx)	170,914.00	341,828.00
3	2 - 1	bx	Affirmagen, 2 x 3 ml. (2BTLS/BX)	7,560.00	15,120.00
4	2 - 1	bx	Ortho Confidence	7,560.00	15,120.00
5	2 - 1	bx	Ortho Bliss	22,680.00	45,360.00
6	2 - 1	bx	0.8% Surqiscreen (3 bottle screening cells)	12,600.00	25,200.00

for CNPH use

Total amount in words: **Seven Hundred Twenty Eight Thousand Six Hundred Twenty Two Pesos & 80/100 Only** **728,622.80**

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,

RICARTE R. PADILLA
Provincial Governor

Conforme:

Marilyn DG. Balmaceda
MARILYN DG. BALMACEDA

Signature over printed name of Supplier

04/27/23

Date