

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : BIOWELL MEDICAL ENTERPRISE P.O. No. : 23010176
 Address : Juan Esteves St. Guevarra Subd. Date : 04/26/23
Legaspi City
 Telephone No. : _____ Mode of Procurement : SHOPPING
 TIN : 199-555-086-000

Gentlemen:

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

Place of Delivery : LDH 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	1	btl	Oral Glucose Tolerance Drink 20ml	860.00	860.00
2	1	box	HIV Screening Kit	7,875.00	7,875.00
3	7	gal	Liquid Disinfectant	4,750.00	33,250.00
4	1	set	Papanicolaou Stain Set 3 x 250ml	14,850.00	14,850.00
5	1	set	Innoculating Loops 1ul	1,280.00	1,280.00
6	1	set	Grams Stain Set 4 x 500ml	7,156.00	7,156.00
7	1	set	KOH 250ml	1,440.00	1,440.00
8	1	box	Activated Partial Thromboplastin Time Reagent	10,200.00	10,200.00
9	1	box	Prothrombin Time Reagent	10,200.00	10,200.00
10	1	box	Control for Prothrombin Time Reagent	6,900.00	6,900.00
11	1	box	HBSAg Elisa Kit	19,040.00	19,040.00
12	1	box	ABSAg Elisa Kit	19,040.00	19,040.00
13	1	pack	Reagent Cups 200's	3,600.00	3,600.00
14	1	kit	FT4 Control	9,800.00	9,800.00
15	1	kit	TSH Control	9,800.00	9,800.00
16	1	kit	PSA Control	13,650.00	13,650.00
17	1	kit	HBAiC Control	13,650.00	13,650.00
18	3	kit	Rapid Chem QC Normal	3,000.00	9,000.00

for Hospital use

Total amount in words: **One Hundred Ninety One Thousand Five Hundred Ninety One Pesos Only** 191,591.00

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.

Conforme:

MARK RYAN LUA

Signature over printed name of Supplier

Date

04/27/23

Very truly yours,

RICARTE B. PADILLA
Provincial Governor