

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : ACT CARE PHARMACY P.O. No. : 23020507
 Address : Moreno St. Brgy. IV Pob. Daet, Camarines Norte Date : 04-11-23
 Telephone No. : _____ Mode of Procurement : **SHOPPING**
 TIN : 279-010-861-000

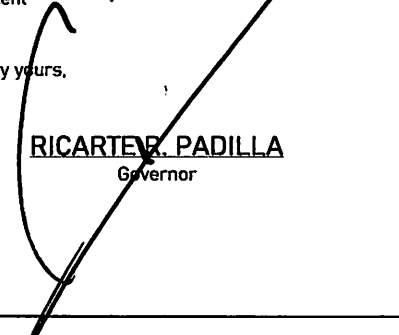
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein:


Place of Delivery: GO Delivery Term: 7CD
 Date of Delivery : 04-19-23 Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	25	pc.	Wheel Chair for Adult, CLOOKCARE	5,200.00	130,000.00
2	25	pc.	Nebulizer, ADVAN	1,500.00	37,500.00
3	25	set	BP Apparatus(w/ steth.), MTI	900.00	22,500.00
4	20	pc.	Glucometer, ADVAN	1,500.00	30,000.00
<i>for Donation for various recipient of Prov'l. Govt. Governor's Office</i>					

Total amount in words: **Two Hundred Twenty Thousand Pesos Only** 220,000.00

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,

RICARTE B. PADILLA
 Governor

Conforme:

ANGELINE C. TUI, RPh
 Signature over printed name of Supplier
04-12-23
 Date