

PURCHASE ORDER
 PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	BIOWELL MEDICAL ENTERPRISE	P.O. No. :	23030609
Address :	<u>Juan Esteves St. Guevarra Subd.</u> <u>Legaspi City</u>	Date :	<u>07/25/23</u>
Telephone No. :		Mode of Procurement :	SHOPPING
TIN :	<u>199-555-086-000</u>		

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

Place of Delivery :	CNPH	Delivery Term :	<u>700</u>
Date of Delivery :	<u>08/02/23</u>	Payment Term :	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	1	pack	Calibrant Reagent Pack (Blood Gas BGDR-8), 100's	10,120.00	10,120.00
2	3	bx	Whole Blood Cassette, 25's	17,100.00	51,300.00
3	1	set	Trilevel Blood Gas Control (Level 1,2, & 3)	12,420.00	12,420.00
4	300	pc	Heparinized Syringe, Single Use, 1/pc	174.00	52,200.00
<i>for Laboratory use (ABG MACHINE) 1st Quarter</i>					

Total amount in words:	One Hundred Twenty Six Thousand Forty Pesos Only	126,040.00
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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:


MARK RYAN LUA
 Signature over printed name of Supplier
07/26/23
 Date

Very truly yours,

RICARTE R. PADILLA
 Governor