

# PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	FIR MED ENTERPRISES	P.O. No. :	23030794
Address :	Blk. 9 Lot 4 Asti St. Mia Vita Subd Dalig, Antipolo City	Date :	06/05/23
Telephone No. :		Mode of Procurement :	SHOPPING
TIN :	202-416-759-000		

Gentlemen:

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

Place of Delivery: <b>CNPH</b>	Delivery Term: <u>700</u>
Date of Delivery: <u>06/13/23</u>	Payment Term: <u>FULL</u>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount		
				Unit Cost	Total Cost	
1	20	bx	ABOD/D+Reverse Grouping	8,580.00	171,600.00	
2	20	bx	Gel Comb Cards	15,840.00	316,800.00	
3	2	btl	Phosphate Buffered Saline	1,088.00	2,176.00	
<i>for Blood Service Facility use</i>						

Total amount in words: <b>Four Hundred Ninety Thousand Five Hundred Seventy Six Pesos Only</b>	<b>490,576.00</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.

Very truly yours,

Conforme:

[Signature]

**ROSENDO DALE N. DAGCUTAN**  
 Signature over printed name of Supplier  
06/06/23  
 Date

**RICARTE R. PADILLA**  
 Governor

[Signature]