

**PURCHASE ORDER**  
**PROVINCIAL GOVERNMENT OF CAMARINES NORTE**

Supplier : **ALLURA ENTERPRISE** P.O. No. : **23051277**  
 Address : **Dofia Paz Village, Cruzada Legazpi City** Date : **08/01/23**  
 Telephone No. : \_\_\_\_\_ Mode of Procurement : **SHOPPING**  
 TIN : **264-932-501-000**

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 : **08/09/23** Payment Term: **FULL**

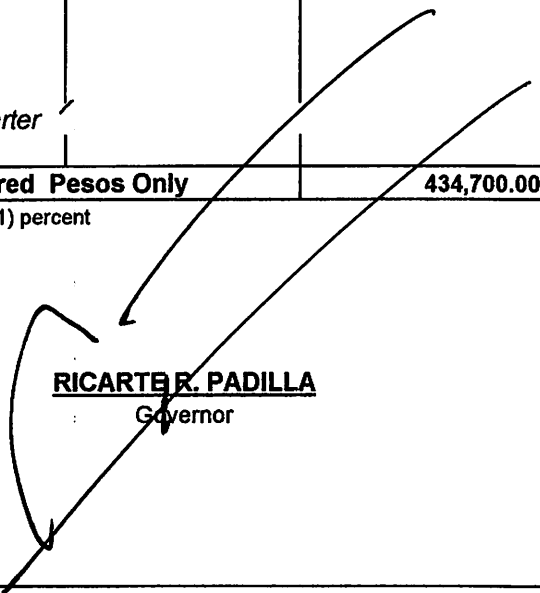
Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	30	box	Digital Xray6 film 14 x 17, 100's	14,490.00	434,700.00
<i>for Radiology Section use 2nd Quarter</i>					

Total amount in words: **Four Hundred Thirty Four Thousand Seven Hundred Pesos Only** 434,700.00

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,

Conforme:   
**ERIC VINCENT CELLONA**  
 Signature over printed name of Supplier  
08/02/23  
 Date

  
**RICARTE R. PADILLA**  
 Governor