

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	<u>LUNAR DRUGSTORE</u>	P.O. No. :	<u>23071861</u>
Address :	<u>Candelaria Street, Poblacion Norte</u> <u>Paracale Camarines Norte</u>	Date :	<u>08/15/23</u>
Telephone No. :		Mode of Procurement :	<u>SHOPPING</u>
TIN :	<u>135-481-638-000</u>		

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

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

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	6,000	kit	Rapid Antigen Test	94.50	567,000.00
<i>for Laboratory use</i>					

Total amount in words:	Five Hundred Sixty Seven Thousand Pesos Only	567,000.00
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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.

Very truly yours,

RICARTE R. PADILLA
Governor

Conforme:


JUDITH H. LAGAN

Signature over printed name of Supplier

08/16/23

Date