

PURCHASE ORDER
 PROVINCIAL GOVERNMENT OF CAMARINES NORTE

| | | | |
|-----------------|---|-----------------------|-----------------|
| Supplier : | BIOWELL MEDICAL ENTERPRISE | P.O. No. : | 23071967 |
| Address : | Juan Esteves St. Guevarra Subd. Legaspi City | Date : | 11-09-23 |
| Telephone No. : | | Mode of Procurement : | SHOPPING |
| TIN : | 199-555-086-000 | | |

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>11-17-23</u> | Payment Term: <u>FULL</u> |

| Item No. | Quantity | Unit Issue | ITEM DESCRIPTION | Amount | |
|---------------------------|----------|------------|-------------------------------------|-----------|------------|
| | | | | Unit Cost | Total Cost |
| 1 | 10 | box | Bactifast Pedia Culture resin, 40's | 26,780.00 | 267,800.00 |
| 2 | 50 | box | Blood Agar Plate | 2,980.00 | 149,000.00 |
| 3 | 50 | box | MC Conkey plate | 2,980.00 | 149,000.00 |
| 4 | 12 | box | Bactifast 96E Staph 1st card, 10's | 16,180.00 | 194,160.00 |
| 5 | 12 | box | Bactifast 96E 1st card, 10's | 16,180.00 | 194,160.00 |
| <i>for Laboratory use</i> | | | | | |

Total amount in words: **Nine Hundred Fifty Four Thousand One Hundred Twenty Pesos Only** **954,120.00**

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 R. PADILLA
 Governor

Conforme:


MARK RYAN LUA

Signature over printed name of Supplier

11-10-23

Date