

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : ACT CARE PHARMACY P.U. No. : 23082067
 Address : Moreno St. Brgy. IV Pob. Daet, Camarines Norte Date : 11-03-23
 Telephone No. : _____ Mode of Procurement : SHOPPING
 TIN : 279-010-861-000

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

Place of Delivery: GO Delivery Term : _____
 Date of Delivery : 11-13-23 Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	50	unit	Nebulizer, CLOOKCARE	1,300.00	65,000.00
2	50	unit	BP Apparatus with steth, CLOOKCARE	900.00	45,000.00
3	30	unit	Wheel Chair Adult, CLOOKCARE	5,200.00	156,000.00
4	5	unit	Wheel Chair (pedia)	5,700.00	28,500.00
5	10	pc	Quad Cane, CLOOKCARE	675.00	6,750.00
6	10	pc	Single Cane	450.00	4,500.00
7	50	pc	Weighing Scale Adult, CAMNY	650.00	32,500.00
8	20	pc	Weighing Scale Infant	1,950.00	39,000.00

for Distribution of various Barangay & Individual Indigent Receipt

Total amount in words: Three Hundred Seventy Seven Thousand Two Hundred Fifty Pesos Only 377,250.00

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.

Conforme:

ANGELINE C. TIU RPh
 Signature over printed name of Supplier
11-06-23
 Date

Very truly yours,

RICARTE R. PADILLA
 Governor