

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier	: LUNAR DRUGSTORE	P.O. No.	: 23082164
Address	: Candelaria Street. Poblacion Norte	Date	: 09-14-23
	: Paracale Camarines Norte		
Telephone No.	: _____	Mode of Procurement	: SHOPPING
TIN	: 135-481-638-000		

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 : 09-22-23	Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	3,000	kit	Rapid Antigen Test	94.50	283,500.00
<i>for Laboratory use</i>					

Total amount in words: **Two Hundred Eighty Three Thousand Five Hundred Pesos Only** 283,500.00

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:

*JHI*  
**JUDITH H. ILAGAN**

Signature over printed name of Supplier

09-15-23

Date

Very truly yours,

**RICARTE R. PADILLA**  
Governor

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