

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	LUNAR DRUGSTORE	P.O. No. :	23092420
Address :	Candelaria Street, Poblacion Norte	Date :	11-03-23
	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 : <u>7CD</u>
Date of Delivery : <u>11-13-23</u>	Payment Term: <u>FULL</u>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	2,000	kit	Rapid Antigen Test	94.50	189,000.00
<i>for Hospital use</i>					

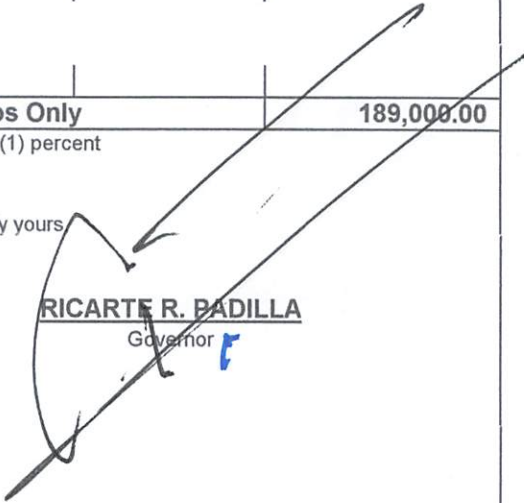
Total amount in words: One Hundred Eighty Nine Thousand Pesos Only	189,000.00
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In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:


JUDITH H. ILAGAN
 Signature over printed name of Supplier
11-06-23
 Date

Very truly yours


RICARTE R. BADILLA
 Governor