

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : ACT CARE PHARMACY P.O. No. : 23102636
 Address : Moreno St. Brgy. IV Pob. Daet, Camarines Norte Date : 12-11-23
 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 : TOD
 Date of Delivery : 12-19-23 Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	50	unit	BP Apparatus with steth, CLOOK CARE	900.00	45,000.00
2	30	pc	Glucometer	1,500.00	45,000.00
3	30	unit	Wheelchair Adult, CLOOK CARE	5,200.00	156,000.00
4	50	unit	Nebulizer, CLOOK CARE	1,300.00	65,000.00
5	50	pc	Weighing Scale adult	600.00	30,000.00
6	20	pc	Weighing Scale infant	1,950.00	39,000.00
<i>for Distribution of various Barangay & Individual</i>					

Total amount in words: Three Hundred Eighty Thousand Pesos Only 380,000.00

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
12-12-23
 Date

Very truly yours,

RICARTE R. PADILLA
 Governor