

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTH

Supplier : <b>STA. ANA ENTERPRISES</b>	P.O. No. : <b>23102639</b>
Address : <u>No. 10 Bellington St. Suburbia, North Maimpis,</u> <u>City of San Fernando Pampanga</u>	Date : <b>12-5-23</b>
Telephone No. : <u>0945-405-5192 / (045) 455 0445 / 300-0761 / sta_ana_enterprises@yahoo.com</u>	Mode of Procurement : <b>SHOPPING</b>
TIN : <u>137-763-406-002</u>	

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

Place of Delivery : <b>CNPH</b>	Delivery Term : <u>70p</u>
Date of Delivery : <u>12-13-23</u>	Payment Term: <u>FULL</u>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	3000	vial	Heparin 5000iu/ml, 5ml	113.50	340,500.00
<i>for Hospital use</i>					

Total amount in words: <b>Three Hundred Forty Thousand Five Hundred Pesos Only</b>	<b>340,500.00</b>
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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.

<p>Conforme:</p> <div style="text-align: center; margin-top: 20px;">   <u>IRISH S. PADUA</u>                  Signature over printed name of Supplier  <u>12-6-23</u>                  Date             </div>	<p>Very truly yours,</p> <div style="margin-top: 20px;">   <u>RICARTE R. PADILLA</u>                  Governor             </div>
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