

**PURCHASE ORDER**  
**PROVINCIAL GOVERNMENT OF CAMARINES NORTE**

Supplier : <b>IPSECA PHARMACEUTICAL INC.</b>	P.O. No. : <b>23102965</b>
Address : <b>U-A12-A U/GF Kingswood Arcade, Kingswood MKT1</b>	Date : <b>12-14-23</b>
<b>Condo 285 Vito Cruz Ext Cor Chino</b>	
Telephone No. : <b>0919-648-6641</b>	Mode of Procurement : <b>SHOPPING</b>
TIN : <b>737-492-708-000</b>	

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

Place of Delivery: <b>CNPH</b>	Delivery Term : <b>TCO</b>
Date of Delivery : <b>12-22-23</b>	Payment Term: <b>FULL</b>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	50	syringe	Disposable Syringe Kit 200ml with J Tube 60" coiled line (300psi)	990.00	49,500.00
<i>for CT Scan use</i>					

Total amount in words:	<b>Forty Nine Thousand Five Hundred Pesos Only</b>	<b>49,500.00</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.

Very truly yours,

**RICARTE R. PADILLA**  
 Governor

Conforme:

*Maria Christine Q. Caudilla*  
**MARIA CHRISTINE Q. CAUDILLA**  
 Signature over printed name of Supplier

12-15-23  
 Date