

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier	: <b>ACT CARE PHARMACY</b>	P.O. No.	: <b>23102981</b>
Address	: <u>Moreno St. Brgy. IV Pob. Daet, Camarines Norte</u>	Date	: <u>12-13-23</u>
Telephone No.	: _____	Mode of Procurement	: <b>SHOPPING</b>
TIN	: <u>279-010-861-000</u>		

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

Place of Delivery:	<b>GO</b>	Delivery Term:	<u>700</u>
Date of Delivery:	<u>12/21/23</u>	Payment Term:	<u>FULL</u>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	30	unit	Nebulizer	1,300.00	39,000.00
2	20	unit	wheel Chair Adult	5,200.00	104,000.00
3	20	unit	BP Apparatus with steth	900.00	18,000.00
<i>for Distribution of various Barangay &amp; Individual</i>					

Total amount in words: **One Hundred Sixty One Thousand Pesos Only** **161,000.00**

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

12-14-23

Date

Very truly yours

**RICARTE R. PADILLA**  
Governor