

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **MAGARAO AIRPRODUCTS INC.** P.O. No. : **24010020**
 Address : **Daet, Camarines Norte** Date : **02-13-24**
 Telephone No. : _____ Mode of Procurement : **SVP**
 TIN : **467-481-932-000**

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

Place of Delivery **CMCH** Delivery Term : **4700**
 Date of Delivery : **02/14/24 - 03/31/24** Payment Term: **FULL**

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	200	tank	Medical Oxygen Content Only	470.00	94,000.00

for Medical and Nursing Services use

Total amount in words: **Ninety Four Thousand Pesos Only** **94,000.00**

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.

Very truly yours,

Conforme:

By m.
ABELARDO AZANA
Signature over printed name of Supplier
02-14-24
Date

RICARTE R. PADILLA
Governor