

**PURCHASE ORDER**  
 PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	<b>IPSECA PHARMACEUTICAL INC.</b>	P.O. No. :	<b>24010035</b>
Address :	<b>U-A12-A U/GF Kingswood Arcade, Kingswood MKTI</b>	Date :	<b>02 - 05 - 24</b>
	<b>Condo 285 Vito Cruz Ext Cor Chino</b>	Mode of Procurement :	<b>SHOPPING</b>
Telephone No. :	<b>0919-648-6641</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>700</b>
Date of Delivery : <b>02/13/24</b>	Payment Term: <b>FULL</b>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	150	kit	High Pressure syringe 200ml	1,398.00	209,700.00
<i>for Hospital use</i>					

Total amount in words: **Two Hundred Nine Thousand Seven Hundred Pesos Only** **209,700.00**

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:

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

02-06-24  
 Date

Very truly yours,

RICARTE R. PADILLA  
 Governor