

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	<u>LUNAR DRUGSTORE</u>	P.O. No. :	<u>24010043</u>
Address :	<u>Candelaria Street, Poblacion Norte</u> <u>Paracale Camarines Norte</u>	Date :	<u>02-05-24</u>
Telephone No. :		Mode of Procurement :	<u>SHOPPING</u>
TIN :	<u>135-481-638-000</u>		

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

Place of Delivery : <u>CNPH</u>	Delivery Term : <u>7cd</u>
Date of Delivery : <u>02-13-24</u>	Payment Term: <u>FULL</u>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	1500	kit	Rapid Antigen Test	94.50	141,750.00
<i>for Hospital use 1st Quarter</i>					

Total amount in words: One Hundred Forty One Thousand Seven Hundred Fifty Pesos Only	141,750.00
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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:


JUDITH H. ILAGAN

Signature over printed name of Supplier

02-06-24

Date