

PURCHASE ORDER

Agency / Procuring Entity

Supplier: <u>4M Pharmacy</u>	PO No: <u>BACC #</u>
Address: <u>Isulan, Sultan Kudarat</u>	Date: _____
E-mail Address: _____	Mode of _____
Telephone No: _____	Procurement: _____
TIN: _____	

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

Place of Delivery: <u>Mobile Hospital</u>	Delivery Term: _____
Date of Delivery: _____	Payment Term: _____

STOCK NO.	UNIT	ITEM/DESCRIPTION	QTY	UNIT COST	AMOUNT
1	bx	Amoxicillin 500mg caps	400	450.00	180,000.00
2	bx	Cefalexin 500mg	670	280.00	187,600.00
3	bx	Carbocisteine 500mg caps	550	300.00	165,000.00
3	bx	Paracetamol 500mg caps	1,000	150.00	150,000.00
5	bx	Mefenamic Acid 500mg caps	450	400.00	180,000.00
4	bx	Loperamide 200mg	550	300.00	165,000.00
7	btl	Carbocisteine 120mg syrup 60ml	430	400.00	172,000.00
		x-x-x			
					P 1,199,600.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10 of one (1) percent for everyday of delay shall be imposed.

Very truly yours,

DATU SUHARTO T. MANGUDADATU, AL-HAJ

Provincial Governor

Conforme:

Signature over printed name of Supplier

Date

Funds Available: <p align="center"><u>MARVIN V. VILLA-AGUSTIN, CPA</u> Provincial Accountant</p>	ALOBS No _____ Amount _____
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PURCHASE ORDER

Agency / Procuring Entity

Supplier:	<u>CU Shell Service Station</u>	PO No:	<u>BACC #</u>
Address:	<u>Koronadal City</u>	Date:	_____
E-mail Address:	_____	Mode of	_____
Telephone No:	_____	Procurement:	_____
TIN:	_____		

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

Place of Delivery:	<u>PEO</u>	Delivery Term:	_____
Date of Delivery:	_____	Payment Term:	_____

STOCK NO.	UNIT	ITEM/DESCRIPTION	QTY	UNIT COST	AMOUNT
1	ltrs	Diesoline x-x-x	42,417.80	47.15	1,999,999.27

P 1,999,999.27

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10 of one (1) percent for everyday of delay shall be imposed.

Very truly yours,

DATU SUHARTO T. MANGUDADATU, AL-HAJ
Provincial Governor

Conforme:

Signature over printed name of Supplier

Date

Funds Available:		ALOBS No _____
<u>MARVIN V. VILLA-AGUSTIN, CPA</u> Provincial Accountant		Amount _____

PURCHASE ORDER

Agency / Procuring Entity

Supplier: <u>Qworks Marketing</u>	PO No: <u>BACC #</u>
Address: <u>Tacurong City</u>	Date: _____
E-mail Address: _____	Mode of _____
Telephone No: _____	Procurement: _____
TIN: _____	

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

Place of Delivery: <u>DepEd</u>	Delivery Term: _____
Date of Delivery: _____	Payment Term: _____

STOCK NO.	UNIT	ITEM/DESCRIPTION	QTY	UNIT COST	AMOUNT
1	pcs	Job Order: Supply, Labor and Materials Uniform (T-Shirt of Technical Officials w/ printing) x-x-x	275	200.00	55,000.00

P 55,000.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10 of one (1) percent for everyday of delay shall be imposed.

Very truly yours,

DATU SUHARTO T. MANGUDADATU, AL-HAJ

Provincial Governor

Conforme:

Signature over printed name of Supplier

Date

Funds Available: <p align="center"><u>MARVIN V. VILLA-AGUSTIN, CPA</u> Provincial Accountant</p>	ALOBS No _____ Amount _____
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PURCHASE ORDER

Agency / Procuring Entity

Supplier:	<u>HG Cley Medical Enterprises</u>	PO No:	<u>BACC #</u>
Address:	<u>Davao City</u>	Date:	_____
E-mail Address:	_____	Mode of	_____
Telephone No:	_____	Procurement:	_____
TIN:	_____		

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

Place of Delivery: <u>LDH</u>	Delivery Term: _____
Date of Delivery: _____	Payment Term: _____

STOCK NO.	UNIT	ITEM/DESCRIPTION	QTY	UNIT COST	AMOUNT
1	pcs	Mefenamic Acid 500mg caps	2,005	4.00	8,020.00
2	pcs	Meloxicam 15mg	2,000	30.00	60,000.00
3	pcs	Metoprolol Tartrate 100mg tab	2,500	5.00	12,500.00
4	pcs	Metoprolol Tartrate 50mg tab	2,500	4.00	10,000.00
5	pcs	Cefalexin 500mg tab	2,000	13.00	26,000.00
6	pcs	Cetirizine HCL 10mg tab Flam	2,000	7.00	14,000.00
7	pcs	Ciproloxacin 500mg tab	2,500	6.00	15,000.00
8	pcs	Amlodipine 10mg tab Blocapast	2,000	13.00	26,000.00
9	pcs	Amlodipine 10mg tab Vasalat	2,000	24.00	48,000.00
10	pcs	Amlodipine 5mg tab	1,000	9.00	9,000.00
11	pcs	Amoxicillin 500mg cap	2,000	3.00	6,000.00
12	pcs	Nifedipine 10mg	2,200	5.00	11,000.00
13	pcs	Nifedipine 5mg	2,100	4.00	8,400.00
14	pcs	Tramadol 50mg cap	2,096	5.00	10,480.00
15	pcs	Tranexamic 500mg cap	2,000	10.00	20,000.00
16	pcs	Assucryl 0	200	360.00	72,000.00
17	pcs	Assucryl 1	200	360.00	72,000.00
18	pcs	Disp. Syringe 1cc	2,000	4.00	8,000.00
19	pcs	Disp. Syringe 3cc	2,000	4.00	8,000.00
20	pcs	Disp. Syringe 5cc	1,838	4.00	7,352.00
		(Continuation next page)			

P 451,752.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10 of one (1) percent for everyday of delay shall be imposed.

Very truly yours,

DATU SUHARTO T. MANGUDADATU, AL-HAJ

Provincial Governor

Conforme:

Signature over printed name of Supplier

Date

Funds Available: <p align="center"><u>MARVIN V. VILLA-AGUSTIN, CPA</u> Provincial Accountant</p>	ALOBS No _____ Amount _____
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PURCHASE ORDER

Agency / Procuring Entity

Supplier:	<u>ABU Construction</u>	PO No:	<u>BACC #</u>
Address:	<u>Koronadal City</u>	Date:	_____
E-mail Address:	_____	Mode of	_____
Telephone No:	_____	Procurement:	_____
TIN:	_____		

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

Place of Delivery:	<u>PEO</u>	Delivery Term:	_____
Date of Delivery:	_____	Payment Term:	_____

STOCK NO.	UNIT	ITEM/DESCRIPTION	QTY	UNIT COST	AMOUNT
1	unit	Street Lighting National Highway (Crossing Chua-Sampao Bridge, Isulan, Sultan Kudarat. x-x-x	1	2,453,365.80	2,453,365.80

P 2,453,365.80

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10 of one (1) percent for everyday of delay shall be imposed.

Very truly yours,

DATU SUHARTO T. MANGUDADATU, AL-HAJ

Provincial Governor

Conforme:

Signature over printed name of Supplier

Date

Funds Available:	
<u>MARVIN V. VILLA-AGUSTIN, CPA</u> Provincial Accountant	ALOBS No _____ Amount _____