

## PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Gentlemen:

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

Delivery Term : COD  
Payment Term: FULL

For CNPH Patients Food use

|                        |                                            |            |
|------------------------|--------------------------------------------|------------|
| Total amount in words: | One Hundred Fifty Nine Thousand Pesos only | 159,000.00 |
|------------------------|--------------------------------------------|------------|

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:

( LORNA G. BERNAL )  
Signature over printed name of Supplier  
04-03-25

Date \_\_\_\_\_

RICARTE R. PADILLA  
Governor