

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	BIOWELL MEDICAL ENTERPRISE	P.O. No. :	25031206
Address :	Juan Esteves St. Guevarra Subd. Legaspi City	Date :	06-02-25
Telephone No. :		Mode of Procurement :	SHOPPING
TIN :	199-555-086-000		

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

Place of Delivery :	CNPH	Delivery Term :	14CD
Date of Delivery :	06/18/2025	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	6	box	Diluent 5-Diff, D11, 20L	39,598.00	237,588.00
2	3	box	Sheath 5-Diff, S11, 20L	52,798.00	158,394.00
<i>for Laboratory Use Hematology Section/PKL Machine</i>					


Total amount in words: Three Hundred Ninety Five Thousand Nine Hundred Eighty Two Pesos Only	395,982.00
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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:


MARK RYAN LUA
Signature over printed name of Supplier
06-04-25
Date