

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **BIOWELL MEDICAL ENTERPRISE** P.O. No. : **25082246**
Address : **Juan Esteves St. Guevarra Subd.** Date : **09-24-25**
Legaspi City
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**
Date of Delivery : **10/09/2025**

Delivery Term : **1460**
Payment Term : **FULL**

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	3	box	BACTIFAST PEDIA CULTURE RESIN, 40s	34,558.00	103,674.00
2	1	pack	MUELLER HINTON AGAR PLATE, WITH 5% SHEEPS BLOOD, PPM 10's	2,948.00	2,948.00
3	10	box	GLYCOHEMOGLOBIN (HBA1c) FIA TEST, 25T	14,798.00	147,980.00
4	2	box	CRP/Hs CRP FIA TEST, 25T	11,458.00	22,916.00
5	1	pc	DISPO OPTICAL LAMP BT1500	34,998.00	34,998.00
6	1	box	RAPIDCHEM MAGNESIUM REAGENT, AUTO 500T	20,278.00	20,278.00
<i>for Laboratory Use</i>					

Total amount in words: **Three Hundred Thirty Two Thousand Seven Hundred Ninety Four Pesos Only** **332,794.00**

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:

RICARTE R. PADILLA
Governor


MARK RYAN LUA

Signature over printed name of Supplier

09-25-25

Date


JOSEPH V. ASCUTIA
Acting Governor