

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	BIOWELL MEDICAL ENTERPRISE	P.O. No. :	25092460
Address :	Juan Esteves St. Guevarra Subd. Legaspi City	Date :	12-11-25
Telephone No. :		Made of Procurement :	SVP
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 : 700
Date of Delivery : 12/19/25	Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	10	box	Diluent PKL 5Diff D11	39,498.00	394,980.00
2	2	box	Sheath PKL 5Diff S11	52,698.00	105,396.00
<i>for Laboratory Use-Hematology Section</i>					

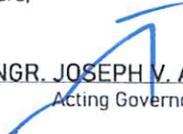
Total amount in words: <b>Five Hundred Thousand Three Hundred Seventy Six Pesos Only</b>	<b>500,376.00</b>
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In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

Conforme:

  
**MARK RYAN LUA**  
 Signature over printed name of Supplier  
12-12-25  
 Date

  
**ENGR. JOSEPH V. ASCUTIA**  
 Acting Governor