

PURCHASE ORDER

CLARIN COMMUNITY HOSPITAL, CLARIN, BOHOL
Agency/Procuring Entity

PROCESSED

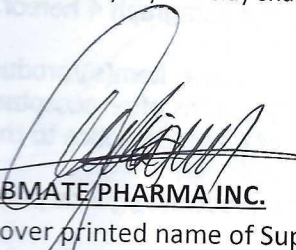
Supplier : **LABMATE PHARMA INC.** D.O. No. : _____ P.O. # - PHO - 2021 - 317
Address : 3rd Floor Jafer Building, 118 West Avenue, Date : December 02, 2021
Quezon City
Cellphone No.: _____ Mode of _____
TIN : _____ Procurement : Negotiated Canvass thru
Emergency Cases

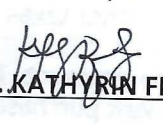
Gentlemen/Mesdames:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

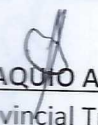
Place of Delivery: GOVERNOR'S OFFICE, NEW CAPITOL BUILDING, Delivery Term: Please Read Terms & Conditions at
TAGBILARAN CITY the back hereof
Date of Delivery : FIVE (5) DAYS UPON RECEIPT OF NOTICE TO
PROCEED Payment Term: Upon Completion of Delivery
Warranty Period: THREE (3) MONTHS

Item No.	QTY	UNIT	DESCRIPTION OF SUPPLIES	UNIT COST	AMOUNT
1	800	kits	Covid - 19 Ag Rapid	640.00	512,000.00
			Test Device		VVVVVVVVV
			(Nasopharyngeal)		
			X-X		
(total amount in words)			FIVE HUNDRED TWELVE THOUSAND PESOS ONLY		

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.

Conforme:

LABMATE PHARMA INC.
Signature over printed name of Supplier
Date: DEC 09 2021

Very truly yours,
ATTY. ARTHUR C. YAP
Governor
By Authority of the Governor:

ATTY. KATHYRIN FE D. PIOQUINTO
Date Approved: DEC 02 2021

Funds Available:

EUSTAQUIO A. SOCORIN
Provincial Treasurer

Earmarked No. : 2471
Amount : P 520,000.00