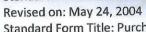
Standard Form Number: SF - GOOD-58

Standard Form Title: Purchase Order





PURCHASE ORDER

PROVINCIAL HEALTH OFFICE, NEW CAPITOL BUILDING, TAGBILARAN CITY Agency/Procuring Entity

						POOH 5
Supplier :		IRASETH PHARMA INC.		D.O. No. :	P.O. # - PHO - 2022 - 099	
		4th Floor, EGT Building, # 77 JM Basa Street,		D-4-	June 10, 2022	
Address :		Kalumpang, Marikina City		Date :		
Telephone No.:				Mode of	Negotiated Canvass thru	
TIN :				Procurement :	Emergency Cases	
Gentlemen	/Mesdar	nes:		1 176		l harain.
Pleas	se furnis	h this Off	ice the following articles subject to	the terms and condit	ions contained	Conditions of
Place of De	elivery:		OR'S OFFICE, NEW CAPITOL BUILDING TAGBILARAN CITY DAYS UPON RECEIPT OF NOTICE TO	the back hereof		
Date of De	livery ·	FIVE (3)	PROCEED	Payment Term: Upor	Completion of	Delivery
			THREE (3) MONTHS			
Warranty I	Periou.		TITLE (0) MONTHS			
	071/	T more	DESCRIPTION OF SU	DDITES	UNIT COST	AMOUNT
Item No.	QTY	UNIT		FFLICS	148.00	296,000.00
1	2000	tubes	Benzoic Acid & Salicylic Acid x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-	X-X-X-X-X-X-X	1 10.00	VVVVVVVV
		-	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	A-A-A-A-A-A-A		
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	- Aller	1	A CANADA CONTRACTOR OF THE CON			
						.99
	nghili e		AND COME OF THE COME OF THE COME			
(total amount in words) TWO HUNDRED N				NINETY SIX THOUSAN	D PESOS ONLY	(4.0)
In cas of one (1) Conform	percent — e:	for everyo	e the full delivery within the time specially of delay shall be imposed. TORAYNO JR. RIMANAGEP ARMA INC.	Very truly yours,	ARTHUR C.	9
Sign	ature o	ver printe	ed name of Supplier	For	Governor	
		JUN 1	6 2022 te	V By Auth	ority of the Gov	vernor:
		20		, ATTY. KAT	HYRIN FE D. PIC	OQUINTO IN
				Prov	incial Administr	ator
				Date approved:	JUN 10 21	
Funds A	/ailable:		1	Earmarked No. :		1005
1	mr 8 4 4		S cocopin of	Amount:	P3	00,000.00