

PURCHASE ORDER

Province of Zamboanga del Norte

Supplier: **NEWBORN SCREENING CENTER MINDANAO** P.O. No.: **2024-08-045**
 Address: **S.P. Laurel Ave., Bajada, Davao City** Date: **08/13/2024**

TIN: _____ Mode of Procurement: **Agency to Agency**

PR No./s: **TF-24-08-030(S)**

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

Place of Delivery: **Liloy Integrated Health District Hospital, Liloy, Zamboanga del Norte** Delivery Term: **30 calendar days upon the receipt of Notice to Proceed (NTP)**

Date of Delivery: _____ Payment Term: _____


Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	Kit	250	Expanded Newborn Screening Test and Collection Kit	1,750.00	437,500.00
			nothing follows		
			PURPOSE:		
			For Liloy Integrated Health District Hospital		
			Use _____		


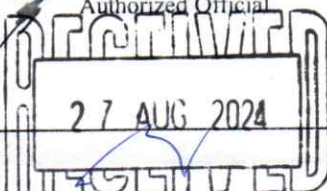
Commission on Audit
 OFFICE OF THE AUDITOR
 PROV. CAPITOL, D.IPOLOG CITY
RECEIVED
 BY: _____
 DATE: 8/25/24
 TIME: _____
 REF: 3:24

POSTED
 BY: _____
 DATE: AUG 27 2024
 TIME: 2:13

Total **Four Hundred Thirty-Seven Thousand Five Hundred Pesos Only** **437,500.00**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conformed:

SHEILA MAE GULARAN
 Program Manager
 (Signature over printed name)
AUG 27 2024
 (Date)

Very truly yours,

ROSALINA G. JALOSJOS
 Authorized Official

RECEIVED
 27 AUG 2024

OFFICIAL COPY

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