Supplier	:	COOP LAB	Purchase Order No. :	164-17EP
Address	:	ILIGAN CITY	Date :	29-Nov-17
Tel/Fax	:		Terms of Payment :	
PR No.	:	E158-17	Mode of Procuremen:	NP/SVP
Date	:	8/24/2017		

Please deliver to this Office within seven (7) working days from receipt hereof the following:

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
	1		PROTIME	400.00	400.00
	14		Breast Ultra Sound	1,000.00	14,000.00
	1	- Lai	HBsAG	160.00	160.00
			XXXXXNOTHING FOLLOWSXXXXXXXXX		14,560.00
			SUB-TOTAL (PAGE 1)		76,490.00
_					
			RECORD AND AREA	750.00	0.194.6
					200
				20 29 6	1000
_					
			TOTAL		91,050.0

			150.00
	TOTAL		91,050.00
Conditions:		GE 2 OF 2	
1. The Agency shall impose pena	lty in an amount equivalent to 1/10 of one	(1) percent of the total value	of undelivered order for each day of
the delay as liquidated damages.			
2. Render your bills in triplicate c	opies including the original.		1 101 101 10 10 10 10
	Purchase Order by the dealer is not indica	ited, it shall be deemed receive	ed on the 10th working day from the
date of the approval of the Purchas	se Order.  ATION DOCUMENTS specifically showi	ng the condition serial number	ers of the equipment purchased and
tax receipts, should be submitted by		ing the condition, serial number	is of the equipment parenased, and
tax receipts, should be submitted to			
Funds available in the amount of	of: 41,050,00	Very truly yours,	
SORAYAH M. SHA Head, Fund Manager	RIEF-TABAO ment Section		LANODEN A. MACARIMBANG nef, Management Services Division
		M. MACABATO CPA, C	SEE
Received this P.O. Copy on:		Conform:	~~~
by:			( Trunaco, Ema
			Name and Signature of

## PURCHASE ORDER

G 1'		COORLAR	Purchase Order No. :	164-17EP
Supplier		ILIGAN CITY	Date : _	29-Nov-17
Address	:	ILIGAN CITT	Terms of Payment :	
Tel/Fax PR No.	:	E158-17	Mode of Procuremen:	NP/SVP
Date	:	8/24/2017		

Please deliver to this Office within seven (7) working days from receipt hereof the following:

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	32	CIVII	PACKAGE (Executive Panel) to include the following	1,750.00	56,000.00
	32		Medical and laboratory exams:		100
			Chest X-ray		
			ECG 12 Leads		
			UTZ WA		
			FBS		
			SGPT		
			SE Creatinine		
			CBC		
			Lipid Profile		
			U/A		
7.00			BUA		
			SPECIAL TEST		0.100.00
	9		HGBA1C	910.00	
	2		seNA	350.00	
	3		K	350.00	
	3		Ca++	250.00	
	3		PSA	1,100.00	
	3		X-ray of TLS APL	650.00	
	1		TDDB1B	350.00	_
-	3		UTZ of Thyroid	1,000.00	
	1		AFP	1,200.00	
			TOTAL		76,490.0

1	TOTAL	76,490.00
Conditions:	PAGE 1 OF 2	
1. The Agency shall impo	ose penalty in an amount equivalent to 1/10 of one (1) percent of the total value of ur	ndelivered order for each day of
the delay as liquidated day	nages.	
2. Render your bills in tri	plicate copies including the original.	the 10th working day from the
1 0.1	pt of the Purchase Order by the dealer is not indicated, it shall be deemed received or	
date of the approval of the	MPORTATION DOCUMENTS specifically showing the condition, serial numbers of	of the equipment purchased, and
tax receipts, should be sul	bmitted by the supplier	
	74. 1104 M A)	
Funds available in the a	mount of: 76,490. Wery truly yours,	
	4	Danie J
SORAYAH N	M. SHARIEF-TABAO	NODEN A. MACARIMBANG
	Management Section (V)	Management Services Division
		The state of the s
	Approved: / /x / acard	,
	Atty. KHALIOUZZAMAN M. MACABATO, CPA, CSEL	
	Regional Vice-President	
	The following the second secon	
Received this P.O. Copy	on:	~ M
	by:	TREAS NEW, EMA
		Name and Signature of