

Republic of the Philippines



			PURCHASE ORDER	J.	
			Province of La Union	for OPG use only:	
A WOULD EVE OADE OLINIO				1	
	YOUR EYE CARE CLINIC Naguilian, La Union			PO No. 2024-09-10-002 Date: 09-10-2024	
Address:					
				MOP: NP:SV	Ρ
				PR No/s. 012-L	
Gentlemen	*	***************************************			
Certiferner		ase furnish	this office the following articles subject to the terms and condit	tions contained herein:	
Place of Delivery: Provincial Social Welfare and Development Office				Delivery Term:	FOB
Date of Delivery: within 30 calendar days upon receipt of P.O			Payment Term:	n/30	
	-				
Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	pcs	100	Eye Glasses	950.00	₱ 95,000.00
			Specifications:		
			- Reading Single Vision / Distance RX		
			nothing follows		
					*
				TOTAL	
Amount in Words: Ninety Five Thousand Pesos Only			**P95,000.00**		
			delivery within the time specified above, a penalty of one-tenth	(1/10) of one percent (of every day of
delay shall b	e imposed	1.			
				Very truly yours,	
RAPHA				PHAELLE VERONICA	
Conforme:					
Comonne.		4			
	ma.a	namator	A. Hi001		
Signature over printed name					
Supplier/Contractor					
11-22, every					
Date					
Requisition Offige/Department					
Requisition Office/Department					
RAMLO P. IPAC, RSW, MPM					
Provincial Social Welfare and Development Officer					