



**BALANGA WATER DISTRICT**  
 EGSA, Tuyo, Balanga City, Bataan 2100  
 balanga\_water@yahoo.com  
 09190870348/09361586991

**PURCHASE ORDER**

<b>Supplier</b> Ilaya Medical Clinic	<b>Control #</b> PO-2022-05-000528
<b>Address</b> Laurel Street, San Jose, Balanga City, Bataan 2100	<b>Date</b> 05/17/2022
<b>TIN</b>	<b>Form #</b> BLWD-FM-ASD-001

Gentlemen: Mode of Procurement  
 Please furnish this Office the following articles subject to the term and conditions contained herein:

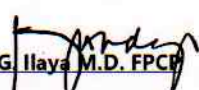
Place of Delivery _____	Delivery Term _____
Date of Delivery _____	Payment Term _____


Stock #	Unit	Item Description	Quantity	Unit Cost	Amount
	pack(s)	Chest X-tray	75	150.00	11,250.00
	pack(s)	ECG 12-L	75	150.00	11,250.00
	pack(s)	FBS, BUN, CREA, BUA, LIPID PROFILE, SGPT, SGOT, CBC	75	1,070.00	80,250.00
	pack(s)	Urinalysis	75	30.00	2,250.00

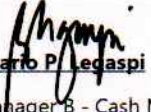
(Total Amount in Words) One Hundred Five Thousand Pesos	105,000.00
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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme: Very truly yours,

  
**Ariel G. Ilaya M.D. FPCR**  
 Signature over Printed Name of Supplier  
05/17/2022  
 Date

  
**Engr. Charlito G. Rodriguez**  
 General Manager

Funds Available  <b>Rosario P. Legaspi</b> OIC - Division Manager B - Cash Management	ALOBS No. _____ Amount: _____
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