

PURCHASE ORDER
NATIONAL COMMISSION ON MUSLIM

Entity Name

Supplier : PHARMA QUEST CO. Address : 46A Kalantiaw St., Barangay Masagana Quezon City TIN :	P.O. No. : Date : Mode of Procurement : SVP
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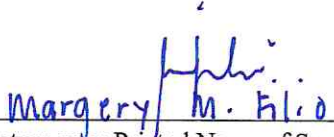

Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:


Place of Delivery : NCMF Central Office Date of Delivery : _____	Delivery Term : _____ Payment Term : _____
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		QUADRIVALENT INFLUENZA VACCINE a. IM Injection in Pre-filled Syringe b. 0.5ml c. Complies with the WHO recommendation (Northern Hemisphere)	210	630.20	132,342.01
				TOTAL	PHP132,342.01

(Total Amount in Words) ONE HUNDRED THIRTY-TWO THOUSAND THREE HUNDRED FORTY-TWO PESOS AND ONE CENTAVOS

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 on the undelivered item/s.

Conforme: <div style="text-align: center;">  _____ Signature over Printed Name of Supplier _____ June 3, 2022 Date </div>	Very truly yours, <div style="text-align: center;">  GUILING A. MAMONDIONG Secretary Designation </div>
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Fund Cluster : _____ Funds Available : _____ <div style="text-align: center;">  NORODEN M. BALINDONG Acting Chief Accountant </div>	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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