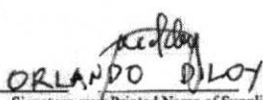
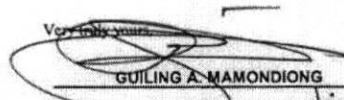



PURCHASE ORDER
NATIONAL COMMISSION ON MUSLIM FILIPINOS
Entity Name

Supplier : PHARMA QUEST CO. Address : 46 A Kalantiaw St., Baranagay Masagana, Project 4, Quezon City TIN : 211-444-884-000			P.O. No. : _____ Date : _____ Mode of Procurement : Repeat Order		
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : _____ Date of Delivery : _____			Delivery Term : _____ Payment Term : _____		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pcs	Quadrivalent Influenza Vaccines	1,097	694.00	P 761,318.00
<p>Mode of Payment: Send bill arrangement payment thru LDDAP.</p>					
(Total Amount in Words)			SEVEN HUNDRED SIXTY-ONE THOUSAND THREE HUNDRED EIGHTEEN PESOS		P761,318.00
<p>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.</p>					
<p>Conforme:</p> <p style="text-align: center;"> ORLANDO DILLOY Signature over Printed Name of Supplier</p> <p style="text-align: center;"><u>May 12, 2023</u> Date</p>		<p style="text-align: center;"> GULING A. MAMONDIONG Signature over Printed Name of Authorized Official</p> <p style="text-align: center;">Secretary Designation</p>			
<p>Fund Cluster : _____ Funds Available : _____</p> <p style="text-align: center;"> SITTIE RAIZA A. GUERO Acting Chief Accountant</p> <p style="text-align: center;">Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>			<p>ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____</p>		