


 Supplier: CAPAS HEALTH CARE DIAGNOSTIC LABORATORY
 Address: _____
 TIN: Capas, Tarlac

 P.O. No 19300
 Date: 2 Nov 22
 Mode of Procurement: Small Value

Gentlemen:

Please furnish this office the following articles subject to the terms and condition contained herein:

 Place of Delivery: CLARK INTERNATIONAL AIRPORT CORP.
 Date of Delivery: ART 599-2897 loc. 711
 Pls. notify _____ / thru tel. no. _____

 Delivery Term: 15 days
 Payment Term: HRD 22-10-002
 RIS No.: _____

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1	persons	Service provider for Annual Physical Examination (APE) (2022)	104	1,400.00	145,600.00
		Package: _____ Rate _____			
		Physical Examination 250.00			
		Chest X-ray PA 250.00			
		CBC 150.00			
		Urinalysis 100.00			
		Fecalysis 100.00			
		ECG 12 lead for 35 yrs old and above 250.00			
		Serum Cholesterol 150.00			
		Fasting Blood Sugar (FBS) 150.00			
		Screening Visual Acuity and eye check-up for Error of Refraction (FREE)			
		See attached Terms and Conditions.			
		NOTHING FOLLOWS			
One Hundred Forty Five Thousand Six Hundred pesos & 00/100 only					145,600.00

(Total Amount in Words)

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.

 Conforms: PATRICIA CHELSEA C. VILLANUEVA
 Signature over Printed Name of Supplier

11/03/2022
 Date

 Very Truly yours,
SHARON C. LINGAD
 OIC- Procurement Dept.
 Authorized Official

PD Control # 22-10-010