

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	<b>JAS5 PHARMACY</b>	P.O. No. :	<b>24010301</b>
Address :	Marvel Building J. Lukban St. Brgy. V Daet, Camarines Norte	Date :	02/28/24
Telephone No. :	(02) 7739-4766 / 0917-158-1427 / Anacel: 0966-901-2961	Mode of Procurement :	<b>SHOPPING</b>
TIN :	426-894-740-00002		

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

Place of Delivery: <b>CNPH</b>	Delivery Term: <u>7cd</u>
Date of Delivery: <u>03-07-24</u>	Payment Term: <u>FULL</u>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	117	vial	Lidocaine 2%, 50ml Solution for Injection Vial	49.95	5,844.15
2	13,800	cap	Amoxicillin 500mg	3.95	54,510.00
3	4,500	cap	Mefenamic Acid 500mg	7.95	35,775.00
<i>for Pharmacy use</i>					

Total amount in words: **Ninety Six Thousand One Hundred Twenty Nine Pesos & 15/100 Only** **96,129.15**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:

*ANACEL S. ROMERO*  
**ANACEL S. ROMERO**

Signature over printed name of Supplier  
02/29/24  
Date

Very truly yours,

**RICARTE R. PADILLA**  
Governor