PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NOR

Supplier	: ZYRE PHARMACEUTICALS CORPORATION	P.O. No.	: 24010255
Address	: ZPC- Building - Bano Legazpi City	Date	: 04-10-24
Telephone No.	: (052) 742-2844 / 0917-148-0687 / 0933-816-8646	Mode of Procurement	: SHOPPING
TIN	: 005 769 913 000		

Gentlemen:

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

Place of Delivery	: LDH	Delivery Term	: 7cd
Date of Delivery	: 04/24/24	Payment Term	: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	100	sach	Acetyclcisteine 600mg	27.00	2,700.00
2	300	tab	Allopurinol 300mg	7.00	2,100.00
3	300	tab	Aluminum Hydroxide/Magnesium Hydroxide	5.94	1,782.00
4	1500	tab	Amlodipine 10mg	3.09	4,635.00
5	1500	cap	Amoxicillin 500mg	3.00	4,500.00
6	144	bot	Amoxicillin 100mg/ml Oral Drops	22.00	3,168.00
7	500	vial	Ampicilin 500mg	40.56	20,280.00
8	500	tab	Atorvastatin 20mg	8.00	4,000.00
9	150	tab	Azithromycin 500mg Tablet	26.29	3,943.50
10	300	tab	Betahistine 24mg	39.93	11,979.00
11	144	bot	Cefalexin 250mg/5ml, 60ml Susp	25.93	3,733.92
12	20	bot	Cefixime 100mg Suspension, 60ml	183.43	3,668.60
13	1500	tab	Cefuroxime 500mg Tablet	13.53	20,295.00
14	500	cap	Celecoxib 200mg	5.02	2,510.00
15	30	bot	Cetirizine 2.5mg/ml Sol'n for Oral Drops	69.00	2,070.00
16	500	tab	Cetirizine 10mg Tablet	3.85	1,925.00
17	1000	tab	Ciprofloxacin 500mg	6.05	6,050.00
18	300	cap	Clindamycin 300mg	10.45	3,135.00
19	500	tab	Clopidogrel 75mg	10.50	5,250.00
20	2500	cap	Cloxacillin 500mg	5.61	14,025.00
21	300	tab	Cinnarizine 25mg Tablet	2.42	726.00
22	994	tab	Co-Amoxiclav 625mg Tablet	11.59	11,520.46
23	20	bot	Dicycloverine 10mg/5ml Syrup, 60ml	30.00	600.00
24	1000	cap	Ferrous Sulfate + Folic Acid Capsule	3.15	3,150.00
25	300	tab	Gliclazide 80mg	5.50	1,650.00
26	30	tube	Globetasol Cream	115.00	3,450.00
27	300	tab	Hyoscine 10mg	6.82	2,046.00

for Hospital use

Total amount in words:	**One Hundred Forty Four Thousand Eight Hundred Ninety Two Pesos & 48/100 Only**	**144,892.48**

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.

Very truly yours,

RICARTE R. PADILLA
Governor

Conforme:

REYNER B. CELLS
Signature over printed name of Supplier

04-17-24
Date

PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	ZYRE PHARMACEUTICALS CORPORATION	P.O. No. :	24010255
Address :	ZPC- Building - Bano Legazpi City	Date :	04-16-24
Telephone No. :	(052) 742-2844 / 0917-148-0687 / 0933-816-8646	Mode of Procurement :	SHOPPING
TIN :	005 769 913 000		

Gentlemen:

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

Place of Delivery :	LDH	Delivery Term :	7dd
Date of Delivery :	04/24/24	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
			balance forwarded....		*144,892.48*
28	144	bot	Lagundi 300mg/5ml, 120ml Syrup	75.00	10,800.00
29	5000	tab	Losartan 50mg	5.24	26,200.00
30	1500	cap	Mefenamic Acid 500mg	3.15	4,725.00
31	500	tab	Metformin 500mg	4.16	2,080.00
32	1000	tab	Metronidazole 500mg	5.50	5,500.00
33	90	tab	Montelukast 10mg	15.28	1,375.20
34	144	bot	Multivitamins Oral Drops	39.16	5,639.04
35	500	cap	Multivitamins	3.49	1,745.00
36	30	tube	Mupirocin Cream/Ointment, 15g Cream	135.00	4,050.00
37	300	tab	Naproxen Na 550mg Tablet	10.49	3,147.00
38	100	tab	Nifedipine 10mg	6.16	616.00
39	300	cap	Omeprazole 20mg	13.00	3,900.00
40	350	cap	Omeprazole 40mg	24.00	8,400.00
41	2000	tab	Paracetamol 500mg	2.20	4,400.00
42	144	bot	Paracetamol 100mg/5ml Oral Drops	44.80	6,451.20
43	10	bot	Salbutamol 2mg/5ml Syrup	28.58	285.80
44	150	tab	Telmisartan 40mg	15.18	2,277.00
45	200	cap	Tranexamine Acid 500mg	0.23	46.00
46	1000	tab	Trimetazidine 35mg	8.50	8,500.00
47	15	bot	Tobramycin 0.3% eye Drops, 15ml	191.44	2,871.60
48	2000	tab	Vitamin B Complex Tab	5.02	10,040.00

for Hospital use

Total amount in words:	**Two Hundred Fifty Seven Thousand Nine Hundred Forty One Pesos & 32/100 Only**	**257,941.32**

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.

Very truly yours,

RICARTE R. PADILLA
Governor

Conforme:

REYNER B. CELLS
Signature over printed name of Supplier

04-17-24
Date