PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **CABRERA'S DRUGSTORE AND MEDICAL SUPPLIES** P.O. No. : **24102882**

Address : Daet, Camarines Norte Date : 11-28-24

Telephone No. : (054)571-27-91 Mode of Procurement : **SHOPPING**

TIN : 102-703-972

Gentlemen:

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

Place of Delivery : **LDH** Delivery Term : 14CD

Date of Delivery : 12/13/2024 Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	3,000	tab	Amlodipine 10mg	2.95	8,850.00
2	1,500	tab	Allopurinol 300mg	6.93	10,395.00
3	1,800	vial	Ampicillin 500mg powder for Inj	40.52	72,936.00
4	1,000	vial	Cefuroxine inj 750mg	87.90	87,900.00
5	1,000	cap	Celecoxib 200mg	3.00	3,000.00
6	800	tab	Cetirizine HCl 10mg	3.80	3,040.00
7	700	cap	Clindamycin 300mg	10.38	7,266.00
8	30	bot	Diphenhydramine 12.5mg/5mL Syrup	24.90	747.00
9	30	amp	Diphenhydramine 50mg/mL 1mL ampule	50.48	1,514.40
10	1,000	neb	**Ipratropium Br + Salbutamol 500mcg/2.5mg 2.5mL Resp.**	22.95	22,950.00
11	350	pc	IV CANNULA G-22	109.85	38,447.50
12	300	pc	IV CANNULA G-24	109.85	32,955.00
13	300	tab	Trimetazidine tab 35mg	8.45	2,535.00

for Pharmacy Use

Total amount in words: **Two Hundred Ninety Two Thousand Five Hundred Thirty Five Pesos & 90/100 Only** **292,535.90**

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:

ANGELINA H. CABRERA
Signature over printed name of Supplier

11-29-24
Date