PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	ZYRE PHARMACEUTICALS CORPORATION	P.O. No. :	24103083
Address :	ZPC- Building - Bano Legazpi City	Date :	12-10-24
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 :	CNPH	Delivery Term :	7 CD
Date of Delivery :	12/18/24	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	1000	vial	Omeprazole 40mg	208.00	208,000.00
2	1000	vial	Ceftriaxone 1g	300.00	300,000.00
3	200	amp	Diphenhydramine 50mg/ml, 1ml	98.00	19,600.00
4	1000	cap	Ferrous Salt + Folic 60mg elemental iron + 400 mcg	3.00	3,000.00
5	1000	cap	Cefalexin 500mg	8.00	8,000.00
6	300	neb	Budesonide 500mcg/2ml	64.00	19,200.00
7	1000	neb	Ipratropium + Salbutamol 500mcg + 2.5mg, 2.5ml	34.00	34,000.00
8	20	amp	Naloxone 400mcg/ml, 1ml	205.00	4,100.00
9	500	amp	ATS 1500iu	125.00	62,500.00
10	500	amp	Tetanus Toxoid 0.5ml	80.00	40,000.00

for Pharmacy Use

Total amount in words:	**Six Hundred Ninety Eight Thousand Four Hundred Pesos Only**	**698,400.00**

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:

MARTIN OJEDA
Signature over printed name of Supplier

12-11-24
Date